

DOCUMENT RESUME

ED 336 343

SP 033 146

TITLE Elementary School Guidelines for AIDS/HIV Education.

INSTITUTION Colorado State Dept. of Health, Denver.

PUB DATE 90

NOTE 75p.; The glossary and some pages in the attachments will not reproduce clearly because of light and/or broken type.

PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Class Activities; Community Resources; Elementary Education; Guidelines; *Health Education; Inservice Teacher Education; Instructional Materials; Prevention; *Resource Materials; Staff Development; State Curriculum Guides

IDENTIFIERS *Colorado .

ABSTRACT

This document, designed by the Colorado Acquired Immune Deficiency Syndrome (AIDS) Educators Workgroup, is intended to assist school personnel in the development of curriculums for AIDS/Human Immunodeficiency Virus (HIV) programs. The guide includes the following: action plan; growth and developmental parameters and objectives for the AIDS curriculum; AIDS staff inservice; AIDS presentation outline; participatory learning techniques; AIDS information for students; curriculum examples of AIDS presentations; a list of resource agencies; general resources; resources for elementary school education; audiovisual resources; bibliography for school library; bibliography of school issues; and a list of books. Attachments include: a glossary; AIDS status sheet; teacher briefing; sixth graders' questions concerning AIDS; AIDS in the classroom; AIDS study guide; a list of Red Cross brochures for AIDS educational programs; 100 questions and answers about AIDS distributed by the New York State Department of Health; and the NCAS Criteria for Evaluating an AIDS Curriculum. (AMH)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

SP

ED336343

COLORADO

DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

L. Levere

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."



ELEMENTARY SCHOOL

GUIDELINES FOR AIDS/HIV

EDUCATION

SP03146

TABLE OF CONTENTS

	<u>Page</u>
Action Plan	2
Rationale	3
Growth and Developmental Parameters and Objectives for AIDS Curriculum	4
AIDS Staff In-Service	6
AIDS Presentation Outline	7
Participatory Learning Techniques	9
AIDS Information to Students	10
Curriculum Example of AIDS Presentations	11
Resource Agencies	14
General Resources	15
Resources for Elementary School Education	16
Audiovisual Resources	17
Bibliography for School Library	18
Bibliography of School Issues	19
Books	21
Group Participants	24
Attachments	
1. Glossary	
2. AIDS Status Sheet	
3. Teacher Briefing	
4. Sixth Graders' Questions Concerning AIDS	
5. AIDS in the Classroom	
6. AIDS Study Guide	
7. Red Cross Brochures for AIDS Education Programs	
8. AIDS - 100 Questions and Answers	
9. Criteria for Evaluating an AIDS Curriculum	
10. "How to Talk to Your Children about AIDS"	

ACTION PLAN

This document was the outgrowth of the desire to meet the need for educating young children about AIDS/HIV infection. The members of this committee were brought together as a result of their interests in the area of AIDS/HIV education for elementary school students; and the recognition that education about this disease must begin at an early age.

The specific scope and content of AIDS/HIV education in schools should be locally determined and should be consistent with parental and community values. The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives from many aspects of the community can be involved in developing policies for school health education to prevent the spread of AIDS. This school health council should include: representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations and other relevant organizations. Education about AIDS/HIV will be most appropriate and effective when carried out within a more comprehensive school health education program that establishes personal behavior and health. However, education about AIDS/HIV should be provided as rapidly as possible, even if it is taught initially as a separate subject.

Programs in districts should begin with education of all school personnel. This education should not be limited to classroom teachers, but should include all school personnel. Staff education should include but not be limited to:

- A. The nature of the AIDS/HIV epidemic and means of controlling its spread.
- B. The role of the school in providing education to prevent transmission of HIV (Human Immunodeficiency Virus).
- C. Methods and materials to accomplish effective programs of school health education about AIDS/HIV.
- D. School policies for students and staff who may be infected.

Programs should be taught by qualified teachers who have expressed an interest in teaching the subject.

AIDS/HIV programs for students must include as a starting point five essential elements.

1. HIV is communicable.
2. AIDS/HIV is preventable.
3. Risk reduction guidelines.
4. Support services and information about how to access them are available.
5. Social and economic implications related to the disease.

This document is designed to assist you in the development of curricula. It is our hope and our intention that it will also assist you in training and policy development.

COLORADO AIDS EDUCATORS WORKGROUP

RATIONALE FOR PROVIDING AIDS/HIV CURRICULUM
IN THE ELEMENTARY SCHOOL SETTING

In the face of a public health problem virtually unparalleled in its impact for the modern world, the rationale for AIDS/HIV education should be apparent. Current projections estimate 270,000 cumulative cases of AIDS and 179,000 deaths will occur in the United States by 1991. This is only a small part of the picture. Infection with Human Immunodeficiency Virus (HIV), the virus which causes AIDS, is our larger epidemic and concern; AIDS is the end stage, the fatal outcome for many but not all, people who are infected with HIV. It is estimated that for each diagnosed case of AIDS there are 15-25 people who are infected and potentially infectious. As the epidemic spreads, more individuals will be at risk.

There are as many difficult issues surrounding AIDS/HIV education, as there are with the disease itself. In public health we often identify two epidemics. There is the AIDS/HIV epidemic, and there is the epidemic of fear. In order to be effective with education, the epidemic of fear must be overcome first. That includes our own fear, which is understandable in the face of such a mysterious and fatal disease. Education is the only effective tool we have at this time to use in the prevention of infection and the tragic loss of many lives. It is imperative that we all, especially our children, have the facts that will save lives. Education cannot penetrate where fear dominates.

The goals of STD education are to influence health conducive behavior, to teach decision making, and to provide knowledge about health problems. Clearly, knowledge alone is not enough. The essential component is decision making, which can develop positively only when all the facts are known. It is our contention that you must teach facts and develop decision making skills as an ongoing process if you are to influence behavior. The leadership role will be to communicate that it is possible to make informed choices about personal behavior.

This group of concerned educators and health care providers was brought together for the purpose of setting some guidelines for elementary school education about AIDS/HIV. The purpose of this group was not to develop an AIDS curriculum at the elementary school level. This is an issue that is much too volatile to expect that the same community standards might apply across the state. Yet, the volume of requests received by the Department of Health and Education for guidelines indicate that the need for guidelines is acute.

GROWTH AND DEVELOPMENTAL PARAMETERS AND
OBJECTIVES FOR AIDS CURRICULUM

The following parameters are intended to highlight the major growth and developmental landmarks of children in the defined age group/grade level. Note that these are only highlights, and can't capture all of the qualities of these children nor the idiosyncracies of an individual child. We believe this information lays the groundwork for ongoing education and should be considered sequential in nature as the maturational level increases, the information may become more specific.

I. GRADES K-3: Ages 5-9 years

Children in this group display spontaneous emotions, and are cognitively pre-logical in their reasoning with perception dominating their thought process. In order to evaluate a learning experience, they must touch and manipulate objects to determine that things aren't always what they seem; they are able to relate to information in terms of their own experiences. They are socially self-centered and may view themselves as the cause of whatever happens around them. They seek adult praise and acceptance, and model their behavior after the significant adults in their lives. These children are learning to master tasks independently, and rules and obligation to duty are very important. The need for adult praise and tenacity to rules will often support these children in limiting their behavior to their own comfort level.

Affective Information:

- Increase comfort level in seeking information about fears and anxiety - provoking issues.
- Demonstrate self-care activities which support health maintenance (e.g. personal hygiene, nutrition, exercise).
- Recognize how feelings effect interpersonal relationships (fear, love, respect); discuss appropriate and inappropriate ways to demonstrate feelings.

Cognitive Information:

- Differentiate between health and illness.
- Identify the causes of illness and disease e.g. congenital, genetic, contagious (it may not be necessary to use the term "AIDS").
- Describe methods to avoid, prevent and treat illness (e.g. good handwashing, proper use of medications).

II. GRADES 4-6: Ages 9-12 Years

These children are beginning to display more logical thinking and become more literal in their interpretations. They begin to question adult and even parental authority, and are driven by their desire for peer relationships. Beginning physical changes and labile emotions lead to mood swings and dramatic interpretations of their perceptions; these children often develop romantic fantasies and crushes. They believe in their own immortality, and display risk-taking behaviors. They are particularly vulnerable to group pressures and will participate in activities which may be otherwise uncharacteristic of them. Though they are questioning societal and family values, they seek affection/family ties and consistent parameters and authority.

Affective:

- Demonstrate self-care habits which support health maintenance and disease prevention (e.g. personal hygiene, nutrition, exercise).
- Examine and affirm the source for one's own opinions, beliefs and values; recognize differences in people's opinions, beliefs and values.

Cognitive:

- Differentiate between communicable and non-communicable diseases.
- Describe AIDS in basic terms of its effect on the body, transmission, treatment and prevention.

AIDS STAFF IN-SERVICE

The following are guidelines on information that should be presented to teachers during an in-service on AIDS. (Refer to the Resource List for a handout to provide at the in-service.) Following the guidelines on what should be presented, there are suggestions on what might be avoided or of concern.

The goals of the in-service are information and insight. Some of the teachers participating in the in-service may feel very comfortable with the knowledge gained and might choose to provide the same information to other adults and to children. If the choice is to not provide the knowledge to others, this insight is also appropriate, but one has at least received basic information on AIDS.

Information provided on AIDS should always be age appropriate. If teachers choose to provide AIDS information in the classroom, they should have current, correct and honest facts. They should know the educational process. AIDS should be taught as a disease and separated from the behaviors associated with it, namely homosexuality and IV drug use. Most student information can be provided in one regular class period, but can be done over several days. Ideally, AIDS education should become a part of ;an ongoing health education curriculum, laying groundwork from elementary school through high school. Other curriculum areas that would be appropriate to include AIDS information in would be: social studies, social science and science.

The following are guidelines that can be used to implement teacher/staff in-services for AIDS information:

AIDS PRESENTATION OUTLINE
(For District Personnel and Community)

- I. Explain that AIDS is a sensitive issue.
Topics might include sex, lifestyles, etc.
 - A. Importance of education
 - B. Encourage open and honest discussion
- II. Can show a video at this point, or wait until end of presentation.
(Refer to Resource List)
- III. Define what AIDS is through lecture, discussion and questions and answers.
 - A. Define HIV+
 - B. Define ARC
 - C. Define full blown AIDS
- IV. Explain methods of transmission.
 - A. Blood or blood products (IV drug use, transfusion)
 - B. Semen, vaginal or cervical secretions (discuss sexual issues, male/female, male/male)
 - C. Mother to child.
- V. Discuss where else the virus is found in the body.
 - A. Urine, saliva, stool, etc.
 - B. Can it be transmitted these ways?
- VI. Discuss how you cannot get AIDS.
 - A. Touching
 - B. Water fountains, toilets, etc.
 - C. Insects
- VII. Explain studies of families and health care workers.
- VIII. Discuss protection
- IX. Examine risk factors, own behavior. (Age appropriate when working with children.)
- X. Testing
(Colorado: Confidential but not Anonymous).
- XI. Discuss understanding and compassion.
Respect this disease, but don't fear the people that have it.
- XII. Questions and Answers.
(Provide a Handout, Refer to Resource List.)

Areas to note:

1. Do not make the presentation too technical, this applies to both children and teachers. Most are concerned with transmission and prevention.
2. Make sure the teachers who will be providing the information want to be involved in the process. Forcing someone to teach AIDS information can have negative effects on both the presenter and the audience.
3. You may not have to discuss the origins of AIDS and HIV. If you do, be brief. There are reference articles you can read for your own information, i.e.: National Geographic.
4. The trainer should review any information they can to keep current. Provided are "101 Questions and Answers" about AIDS that might be helpful.

PARTICIPATORY LEARNING TECHNIQUES

Some techniques for engaging the learner in the process of learning.

These techniques are valuable for use with teachers, as we tend to teach a subject in the same way we learn it.

1. Brainstorming solutions to the problem
2. Monitoring new developments
3. Monitoring the impact of a decision
4. Monitoring mass media reports
5. Preparing one side of a debate on the issue
6. Acting as mediator between the presenters
7. Identifying potential problems
8. Surveying a group of knowledge, opinions, attitudes
9. Examining the past actions of an interest group
10. Presenting the full range of feasible alternatives
11. Articulating and clarifying key issues
12. Role playing
13. Conducting a workshop
14. Producing material for communication to the public

AIDS Information to Students

K-4

Objective:

The student will identify and cope effectively with signs, symptoms and illnesses which prevent attaining high levels of wellness through learning experiences promoted in K-4. Lay ground work for future discussion on AIDS.

- I. Conduct regular curriculum on wellness and illness including:
 - A. Childhood diseases:
 1. Mumps
 2. Measles
 3. strep throat
 4. etc.
 - B. If children mention AIDS, you may add it to list.
- II. Define the differences between communicable and non-communicable diseases.
 - A. How are diseases spread?
 - B. If discussing AIDS, make sure that students understands that AIDS is not spread casually.
- III. Discuss vaccinations
 - A. chicken pox
 - B. flu
 - C. colds
 - D. strep throat
 - E. the lack of a vaccine for AIDS - only if introduced earlier
- IV. Discuss what it means to be sick
 - A. symptoms
 - B. discuss some of their childhood illnesses
 - C. fears
 - D. what do you do when you are sick?
- V. How would you like to be treated if you were sick?
- VI. Teach body pride
 - A. making healthy choices
 - B. what is good for your body
 - C. what can cure it
 - D. ownership
- VII. Health Habits
 - A. wash hands
 - B. don't touch blood of others
 - C. rest
 - D. diet
 - E. exposure
 - F. proper clothing
- VIII. Closure - do an activity related to topic - examples:
 - A. bulletin boards
 - B. draw picture of own body-broken bones, chicken pox, etc.
 - C. calendar - when they miss school and why - symptoms
 - D. puppet show - compassion to sick people

Curriculum Example of AIDS Presentation
5th and 6th Graders

Objectives:

The student will be able to identify the definition for AIDS. The student will be able to discuss the way that HIV is transmitted. The student will understand how to protect him/herself from the virus. The student will understand humanistic needs of persons with AIDS.

- I. Ask students what they know or have heard about AIDS.
 - Write their comments on the board
 - They may or may not be correct
 - Tell them you will separate those later
- II. Show video or film strip that is age appropriate.
(Refer to Resource List)
- III. Define AIDS.
 - Give clinical definition
 - Acquired Immune Deficiency Syndrome
 - Serious disease that harms the body's ability to fight off diseases
 - Show overhead of immune system
 - Explain examples of other diseases:
 - chicken pox, flu, colds, etc.
- IV. Make two lists on board, separating their original answers into correct and incorrect lists about AIDS.
(The video should have helped them with these lists.)
- V. Discuss levels of disease
 - A. HIV positive
 - testing
 - no symptoms
 - look healthy
 - can pass virus
 - B. ARC (AIDS Related Complex)
 - fever and night sweats
 - rapid weight loss
 - swollen glands
 - constant tiredness
 - loss of appetite
 - white spots in mouth (called Thrush)
 - C. Full blown AIDS
 - can take months to many years to develop
 - infections easily caught
 - AIDS does not kill, infections kill
 - Kaposi's Sarcoma - cancer
 - pneumocystis carinii pneumonia

- VI. Ask: How do you get AIDS? Write responses on board.
- A. Explain methods of transmission
 - blood to blood
 - semen to blood
 - vaginal/cervical secretions to blood
 - mother to child (pregnancy)
 - B. Blood to blood
 - drug use most common method
 - sharing of IV needles
 - C. Sexual transmission
 - sexual contact with someone who has AIDS or is HIV positive
 - AIDS is a sexually transmitted disease
 - D. Mother to child transmission
 - can pass during pregnancy if mother has AIDS or is HIV positive
- VII. You don't get AIDS by:
- A. Show overhead - see suggested resources
 - B. Discuss casual contact with persons with AIDS
- VIII. Reducing risks of AIDS
- A. Surest way of not getting AIDS is by saying no to:
 - drugs-intravenous types
 - sex - it is okay to say no to sex
 - B. If you are sexually active, then protect yourself.
 - Know your sexual partner
 - Wear condoms
 - Refrain from intercourse
- IX. Ask: How would you react to someone who has AIDS? Discuss and spend time on:
- A. The need for compassion
 - B. The need for friendship
 - C. That you cannot get AIDS except through sex or sharing of needles, so you don't need to be afraid to be around someone with AIDS.
 - D. A person with AIDS is no different from you, except they are not well.
 - E. Talk about how one feels when they are sick.
 - e.g., like to be hugged, etc.
- X. Discuss medication, AZT, vaccines, cure.

- XI. Exercises:
- A. Role play with students
 - B. Panel - pro/con admitting a child to school who is HIV positive.

- XII. Closure: Recap four objectives:
- A. AIDS stands for Acquired Immune Deficiency Syndrome
Three levels of disease
 - HIV positive
 - ARC
 - Full blown AIDS
 - B. AIDS is transmitted through:
 - Blood to blood contact - intravenous drug use (sharing needles)
 - Sexual contact - semen to blood, vaginal/cervical secretions to blood
 - Mother to child
 - C. One can reduce risks by:
 - Saying no to sex
 - Wearing condoms - protecting oneself
 - Refraining from intercourse and IV drug use
 - Knowing your partner
 - D. People with AIDS need:
 - Your friendship
 - Your understanding
 - Caring people
 - Remember, AIDS is not transmitted through casual contact

Possible Activities

- 1. Posters: How you don't get AIDS
- 2. Letter to a friend who has AIDS
- 3. Collect and discuss articles from newspapers on AIDS

AGENCIES

AIDS Coalition for Education (ACE)
c/o David Holbrook
Colorado Department of Health
4210 E. 11th Avenue
Denver, CO 80220
(303) 331-8310

American Red Cross
Mile High Chapter
c/o Mary Peterson
Box 6989
Denver, CO 80206
(303) 399-0500, Ext 45

Colorado AIDS Project (CAP)
c/o Ann Shields
P.O. Box 18529
Denver, CO 80218
(303) 837-0166

Colorado Department of Education
c/o Debra Sandau-Christopher
201 West Colfax
Denver, CO 80203
(303) 866-6664

Colorado Department of Health
c/o Gerrit Bakker
4210 E. 11th Avenue
Denver, CO 80220
(303) 331-8312

Colorado Medical Society
c/o Ellen Stein
P. O. Box 17550
Denver, CO 80217
(303) 779-5455

Regional Hemophilia Center
c/o Julia Schluger
UCHSC - Box C-222
4200 E. Ninth Avenue
Denver, CO 80262
(303) 270-5973

Local or County Health
Departments
Local School Districts

Hall of Life Education Center
c/o Patty Cook
Denver Museum of Natural History
2001 Colorado Boulevard
Denver, CO 80205
(303) 370-6461

School Health Program
c/o Mary Miller
The Children's Hospital
1056 E. 19th Avenue
Denver, CO 80218
(303) 861-6633

GENERAL RESOURCES

(Not Specifically Directed to Elementary School Students)

<u>TITLE/AGENCY</u>	<u>SUPPLIER</u>
"Facts About AIDS-Colorado" Colorado Department of Health	STD/AIDS Control Section Colorado Department of Health 4210 E. 11th Avenue Denver, CO 80220
"Questions and Answers HIV Antibody Testing" Colorado Department of Health	STD/AIDS Control Section Colorado Department of Health 4210 E. 11th Avenue Denver, CO 80220
"You Don't Have to be White or Gay to get AIDS" H.E.R.O.	H.E.R.O. 101 West Read, Suite 812 Baltimore, MD 21201
"AIDS and Children" American Red Cross	American Red Cross Mile High Chapter P.O. Box 6989 Denver, CO 80206
"Understanding and Preventing AIDS" Krames Communications	Krames Communications 312 90th Street Daly City, CA 94015-1898
"AIDS" Krames Communications	Krames Communications 312 90th Street Daly City, CA 94015-1898
"The Love Bugs" Krames Communications	Krames Communications 312 90th Street Daly City, CA 94015-1898
"Understanding the Immune System" U.S. Department of Health	Office of Research, Reporting and Public Response NIAID - NIH Bethesda, MD 20205
"What Young People Should Know About HIV and AIDS"	Channing L. Bete Co., Inc. South Deerfield, MA 01373

RESOURCES FOR ELEMENTARY SCHOOL EDUCATION

1. American Health Foundation. Know Your Body. New York: American Health Foundation, 1980.
2. Arent, Ruth P., "If Gay Means Happy, Why Are My Parents So Sad?". Arent and Assoc, Littleton, Colorado.
3. Brown, Jean et al. Sexuality Education: A Curriculum for Parent/Child Programs. Santa Cruz, CA: Network Publications, 1984.
4. Caldrone, Mary and James Ramey. Talking With Your Child About Sex: Questions and Answers for Children from Birth to Puberty. New York: Ballentine Books, 1982.
5. De Saint Phalle, Niki, "AIDS: You Can't Catch It Holding Hands". The Lapis Press, Publishers Services, Novato, California.
6. Loya, Ric, "See Spot . . . See Spot Run . . . From AIDS. AIDS Teaching Ideas: K-6". National Association of Teachers of Comprehensive Health Education - NATCHE, Hunt Park, California.
7. Meeks, Linda and Dr. Phillips Heit, "Understanding and Prevention of AIDS" and "AIDS What You Should Know". Merrill Publishing, Bell and Howell Company, Columbus, Ohio.
8. National Center for Health Education. Growing Healthy, K-6. New York: National Center for Health Education, 1986.
9. Nebraska Department of Health, "AIDS: A Resource Guide, Upper Elementary AIDS Curriculum". Nebraska Department of Health, Disease Control, Lincoln, Nebraska.
10. Planned Parenthood Federation of America. How to Talk With Your Child About Sexuality. Garden City, NY: Doubleday & Company, 1986.
11. Pollock, Marion B. and Kathleen Middleton. Elementary School Health Instruction. St Louis: Times Mirror/Mosby, 1984 (second edition forthcoming).
12. Post, Jory and Carole McPherson, "Info Adolescence: Learning About AIDS". A curriculum for Grades 5-8. Network Publications, ETR Associates, Santa Cruz, California.
13. Quackenbush, Marcia and Sargent, Pamela, "Teaching AIDS - A Resource Guide on Acquired Immune Deficiency Syndrome". Network Publications, ETR Associates, Santa Cruz, California.
14. Stein, Sara Bonnett. About Dying: An Open Family Book for Parents and Children Together. New York: Walker and Company, 1974.
15. The Center for Attitudinal Healthing. There is a Rainbow Behind Every Dark Cloud. Millbrae, California: Celestial Arts, 1979.

AUDIOVISUAL RESOURCES

AIDS

Filmstrip 1/2" or videotape. (SUE) Society for Visual Education. Available through the American Red Cross (6th grade only). Basic facts about the disease. (Also available in Spanish.)

MR. BELVEDERE: WESLEY'S FRIEND

1/2" VHS videotape. Channing L. Bete Company. Focuses on the ways that young people can limit their chances of getting AIDS. Presents the facts on self-protection and dispels common myths that may cause needless fear and worry.

AIDS AND THE SCHOOL-AGED CHILD

3 audio tapes. The Center for Health Promotion, Yale - New Haven Hospital. These tapes can be used to communicate facts on AIDS and provide an excellent vehicle to stimulate discussion on the AIDS issue.

AVOIDING AIDS: WHAT YOU: CAN DO

Filmstrip with cassette or 1/2" VHS videotape. Student Workbook and Instructor's Manual. Series explains how the AIDS virus works on the immune system, how it is spread, and more importantly, how to avoid catching or spreading the disease by avoiding behavior that increases chance exposure to the virus. Marshfilm, P.O. Box 8082, Shawnee Mission, Kansas 66208. 1-800-821-3303.

AIDS SERIES:

Software tutorials and quizzes designed to give students a thorough understanding of the AIDS subject. Two Apple disks and Teaching Guides. Marshfilm, P.O. Box 8082, Shawnee Mission, Kansas 66208. 1-800-821-3303.

BEYOND FEAR:

American Red Cross Videotape.

AIDS: EVERYTHING YOU AND YOUR FAMILY NEEDS TO KNOW BUT WERE AFRAID TO ASK

HBO/State Farm Life Insurance Videotape.

AIDS: TAKING ACTION:

All-Media Productions.

BIBLIOGRAPHY FOR SCHOOL LIBRARY

CONSUMER REPORTS - November 1986
AIDS - Deadly but Hard to Catch

LIFE - July 1985
Now No One is Safe From AIDS

NATURAL HISTORY - May 1986
The Natural History of AIDS

NEWSWEEK - August 10, 1987
The Face of AIDS

NEWSWEEK - July 21, 1986
The AIDS Doctor

NEWSWEEK - September 23, 1985
The AIDS Conflict

SCIENTIFIC AMERICAN - December 1985
The Immune System in AIDS

TIME - February 2, 1987
Ads that Shatter an Old Taboo
Fateful Decisions on Treating AIDS

TIME - September 29, 1986
AIDS: A Ray of Hope

TIME - August 12, 1985
AIDS - A Growing Threat

TIME - September 6, 1982
The Deadly Spread of AIDS

EBONY - April 1987
The Truth about AIDS

NATIONAL GEOGRAPHIC - JULY 1985
Our Immune System-The Wars Within

NEWSWEEK - March 14, 1978
Sex in the Age of AIDS

NEWSWEEK - November 24, 1986
Future Shock & AIDS in Africa

NEWSWEEK - August 12, 1985
The Deepening AIDS Cases Takes a
Tragic Toll

SCIENCE - 1984 - 224:475-7
Strong New Candidate for AIDS
Agent

TIME - February 16, 1987
The Big Chill - Fear of AIDS

TIME - November 3, 1986
AIDS: New Research, New Danger

TIME - September 23, 1985
AIDS, Public Fears, Medical Facts

TIME - July 4, 1985
Disease Detectives - The AIDS
Hysteria

U.S. NEWS & WORLD REPORT -
January 12, 1987
What You Need to Know

BIBLIOGRAPHY OF ARTICLES RELATING TO SCHOOL ISSUES

1. "A Sampling of Educational Materials on AIDS". Education Week, March 4, 1987, p. 21.
2. AIDS Information Exchange, "Local School Districts Active in AIDS Education". U.S. Conference of Mayors, Vol. 4, No. 1, Jan. 1987.
3. American Academy of Pediatrics: "School Attendance of Children and Adolescents with Human T Lymphotropic Virus III.. Pediatrics 77:3, 1986.
4. Black, J. "AIDS Preschool and School Issues". J. School Health, 56:93-95, 1986.
5. Brick, Peggy, "AIDS Forces the Issue: Crisis Prevention or Education in Sexuality?" Association for Supervision and Curriculum Development, Curriculum Update. Vol. 29, No. 7, Oct. 1987.
6. Casper, DA, Gold J, MacLean p, et. al., "Acute AIDS Retrovirus Infection". Lancet 1:537-540, 1985.
7. Crosson J.E., "Infectious Diseases and the Public School". Department of Education, Washington, DC.
8. Centers for Disease Control. Education and Foster Care of Children Infected with HTLV-III Virus. MMWR: 34:517-21.
9. Curran, Morgan, Hardy, et.al., "The Epidemiology of AIDS: Current Status and Future Prospects". Science 229:1352-1357, 1985.
10. Doyen, et. al., "A Curriculum Guide to Alcohol and Drug Prevention Education K-12". Colorado Departments of Education/Health, 1986.
11. Erickson, E., Child and Society. N.Y. Norton, 1950.
12. Fulton, Gene G., et. al., "AIDS Resource Materials for School Personnel". Journal of School Health, Jan. 1987, Vol. 57, No. 1, pp. 14-18.
13. Fulton, Metress. Price, et.al., "AIDS Resource Materials for School Personnel". J School Health, 57:14-18, 1987.
14. Gerberding JL, Bryant CE, Newman M, et.al., "Risk of Acquired Immune Deficiency Syndrome (AIDS) Virus Transmission to Health Care Workers: Preliminary Follow-up". Clin Res 34:101A, 1986.
15. Grossman, M., "Human Immunodeficiency Virus Infections in Children: Public Health and Policy Issues". Ped Infect Dis 6:113-116, 1987.
16. Haber, Seth L., "The Four Fatal Myths of AIDS". College of American Pathologists". CAP Today, August 1987.
17. Hirsca MS, Wormser GP, Schooley RT, et. al., "Risk of Nosocomial Infection With Human T-Cell Lymphotropic Virus III". N Eng J Med 312:1-4, 1985.

Bibliography of Articles Relating to School Issues

Page 2

18. Johnson, Eric. "What to Tell Your Child about AIDS". Working Mother, April 1987, p. 109.
19. National Education Association, "The Facts about AIDS". The Health Information Network, September 1987.
20. Price, J., "AIDS. The Schools, and Policy Issues". J School Health, 56:137-140, 1986.
21. "Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III". MMWR 34:682-95, 1985.
22. Reed, S., "AIDS in the Schools: A Special Report". Phi Delta Kappan, March 1986, pp. 494-498.
23. Rubenstein, A., "Schooling for Children with Acquired Immune Deficiency Syndrome". J Pediatrics 242:244, 1986.
24. Rubin, RH, "Infectious Diseases: XI Acquired Immunodeficiency Syndrome: Scientific American, 1-14, 1987.
25. Spire B, Montagnier L, Barre-Sinoussi F, Cherman JC, "Inactivation of Lymphadenopathy Associated Virus by Chemical Disinfectants". Lancet, 899-901, 1984.
26. Strous, John H and Phillips, John P. "Teaching about AIDS: A Challenge to Educators". Educational Leadership, April 1987, p. 76.
27. Viadero, Debra. "Teaching Guides, Videotapes, Films on AIDS Flood the Marketplace". Education Week, March 4, 1987, p. 21.

BOOKS

AIDS AND THE EDUCATION OF OUR CHILDREN, A Guide for Parents and Teachers
U.S. Department of Education, October 1987.

Consumer Information Center
Department ED
Pueblo, Colorado 81009

AIDS: IMPACT ON THE SCHOOLS

Roberta Weiner
Education Research Group
Capitol Publications Inc.
Arlington, Virginia

AIDS: A SELF-CARE MANUAL

Los Angeles AIDS Project
Los Angeles, California, 1987

CHILDREN WITH AIDS

How Schools are Handling the Crisis
Kappan Special Report, by Sally Reed
P.O. Box 789
Bloomington, Indiana 47402

QUESTIONS AND ANSWERS ON AIDS

Avon Books, 1987
Lyn Robert Frumkin and John Leonard
New York

GUIDELINES FOR EFFECTIVE SCHOOL HEALTH EDUCATION TO PREVENT THE SPREAD OF AIDS

Morbidity and Mortality Weekly Report
January 29, 1988, Vol. 37, No. S-2
U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

THE AIDS ANSWER BOOK

Network Publications, forthcoming
Robert Hatcher, James Curran and Susan Lloyd Schulz
Santa Cruz, California

AIDS AND THE PUBLIC SCHOOLS

National School Boards Association, 1986
S. Hooper and G. Gregory
Alexandria, Virginia

AIDS: WHAT DOES IT MEAN TO YOU?

Margaret Hyde and Elizabeth Forsyth, MD
Walker and Company, New York, New York

Books

Page 2

KNOW ABOUT AIDS

Margaret Hyde and Elizabeth Forsythe, MD
Walker and Company
New York, New York

CONFRONTING AIDS: DIRECTIONS FOR PUBLIC HEALTH, HEALTH CARE AND RESEARCH

Institute of Medicine and National Academy of Science
National Academy Press, 1986. Revised 1988.
Washington, DC.

THE AIDS FILE: WHAT WE NEED TO KNOW ABOUT AIDS NOW:

George Jacobs and Joseph Kerrins, MD
Cromlech Books, Inc.
Massachusetts

UNDERSTANDING AND PREVENTING AIDS

Chris Jennings
Cambridge, MA
Health Alert Press, 1988.

SURGEON GENERAL'S REPORT ON ACQUIRED IMMUNE DEFICIENCY SYNDROME

C.E. Koop
U.S. Department of Health and Human Services
Washington, DC

COPING WITH AIDS: FACTS AND FEARS

Morton Kurland, MD
Rosen Publishing Group
New York, New York

UNDERSTAND AIDS

Ethan A. Lerner, MD, PhD
Lerner Publications Company
Minnesota

LYNDA MADARAS TALKS TO TEENS ABOUT AIDS.

Lynda Madaras
New Market Press
New York, New York

AIDS AND THE PUBLIC SCHOOLS

National School Boards Association
NSBA Direct Affiliate
Virginia

ADVICE FOR LIFE

Chris Norwood
Pantheon Books, 1987
New York, New York

Books

Page 3

THE SCREAMING ROOM

Barbara Peabody
Oak Tree Publications, Inc., 1986
San Diego, California

THE AIDS CHALLENGE; PREVENTION EDUCATION FOR YOUNG PEOPLE

Marcia Quackenbush, Mary Nelson and Kay Clark, Eds.
Network Publications, 1988
Santa Cruz, California

DOES AIDS HURT

Marcia Quackenbush and Sylvia Villereal
Education Young children about AIDS
Network Publications
ETR Associates
Santa Cruz, California

REPORT OF THE SURGEON GENERAL'S WORKSHOP ON CHILDREN WITH HIV INFECTION AND THEIR FAMILIES

U.S. Department of Health and Human Services
Public Health Service
Health Resources and Services Administration
Bureau of Health Care Delivery and Assistance
Division of Maternal and Child Health
DHHS Publication No. HRS-D-MC, 87-1

AIDS: WHAT EVERY TEACHER MUST KNOW:

Veronica Skerker
Institutional Media Institute
An Affiliate of Western Words Institute
Weston, Connecticut

COLORADO AIDS EDUCATORS WORKGROUP

This document was developed with the assistance of and reviewed by the following educators and health care providers whose assistance and expertise was greatly appreciated.

Barb Wagner, Principal
Graland Country Day School
30 Birch Street
Denver, CO 80220

Mary Maynard, R.N.
Coordinator - Life Education
St. Anne's Elementary School
5757 Upham Street
Arvada, CO 80002

Rose Cook, A.C.S.W.
Mental Health Team
Cherry Creek Schools
4700 S. Yosemite Street
Englewood, CO 80211

Mary Miller, R.N., M.S.
School Health Program
The Children's Hospital
1056 E. 19th Avenue
Denver, CO 80218

Mary Wheeler, R.N., M.A.
The Children's Hospital
1056 E. 19th Avenue
Denver, CO 80218

Dr. William Cardar
Director, Curriculum
Aurora Public Schools
1085 Peoria Street
Aurora, CO 80011

Kathy Bennett
Coordinator - Life Education
St. Anne's School
5757 Upham Street
Arvada, CO 80002

Patty Cook, Teaching Coordinator
Hall of Life
Denver Museum of Natural History
2001 Colorado Boulevard
Denver, CO 80205

Sharon Schilling
Health Specialist
Denver Public Schools
900 Grant Street
Denver, CO 80203

Francene Wehrer, R.N., B.S.N.
Supervisor of Health Services
Aurora Public Schools
1085 Peoria Street
Aurora, CO 80011

Debra Sandau-Christopher
Director, AIDS Education Project
Colorado Department of Education
201 E. Colfax Avenue
Denver, CO 80203

Gerrit Bakker
Disease Intervention Specialist
Colorado Department of Health
4210 E. 11th Avenue
Denver, CO 80220

AIDS HOTLINES

NATIONAL	1-800-342-AIDS
STATE	1-800-252-AIDS
METRO	333-4336

GLOSSARY

<u>ABSTINENCE</u> -	Not having sexual intercourse with another person.
<u>AIDS</u> -	<u>ACQUIRED IMMUNE DEFICIENCY SYNDROME</u> - An acquired defect in immune system function which reduces the affected person's resistance to certain types of infections and cancers. The cause is a virus (HIV) which is transmitted through intimate sexual contact or exposure to infected blood or blood products. AIDS has been termed the number one health problem in the United States by the U.S. Public Health Service. Once immune deficient, a person with AIDS becomes susceptible to a number of opportunistic diseases.
<u>ANTIBODY</u> -	A protein belonging to a class of proteins called immunoglobulins. Antibodies are produced by plasma cells to fight specific infectious agents (i.e., viruses, bacteria, etc.) The antibodies then combine with the infectious agent they are made to fight and often cause death of that infectious agent.
<u>ASYMPTOMATIC</u>	Having an infectious organism within the body but showing or causing no outward symptoms.
<u>BACTERIA</u> -	Microscopic organisms composed of a single cell. Many bacteria can cause disease to man.
<u>BISEXUAL</u> -	A person who is sexually attracted to a person of either sex.
<u>CASUAL CONTACT</u> -	A non-sexual exposure. May be airborne or an inanimate object or direct person-to-person non-sexual contact.
<u>CELL-MEDIATED IMMUNITY</u> -	The reaction to infectious agents by specific defensive cells (microphages) rather than antibodies. It is thought to be this system which breaks down in AIDS.
<u>COMMUNICABLE DISEASE</u> -	A disease that can be transmitted.
<u>CONDOM</u> -	Balloon-like cover put on the penis before sex and removed after sex, to prevent pregnancy and spread of sexually transmitted infections (rubbers).
<u>CONGENITAL</u> -	Being present at birth but not necessarily hereditary. Syphilis can be transmitted to the fetus after 18th week of pregnancy. Early treatment of mother can prevent infection of fetus.
<u>CONTAGIOUS DISEASE</u> -	Diseases that can be passed from person to person.
<u>CONTAMINATED</u> -	A material or substance, such as blood, that has germs capable of infecting people.

- DISSEMINATED - Spread of disease internally throughout the body.
- ELISA ANTIBODY TEST - The initial screening test used to detect antibody to HIV infection. The more sensitive of the two HIV antibody tests.
- EPIDEMIC - Any unusual outbreak of the number of disease cases present at one time in a defined geographic region.
- HELPER CELLS - Part of the immune system and a type of T-lymphocyte which assists the B-lymphocytes in producing antibodies.
- HEMOPHILIA - A hereditary plasma-coagulation disorder characterized by excessive sometimes spontaneous bleeding.
- HETEROSEXUAL - A person who is sexually attracted to people of the opposite sex (straight).
- HOMOSEXUAL - A person who is sexually attracted to people of the same sex (gay or lesbian).
- IMMUNE RESPONSE - The activity of the immune system against foreign substances.
- IMMUNE STATUS - The state of the body's natural defense to fight diseases. Is influenced by heredity, age, past illness history, diet and physical and mental health. It includes production of circulating and local antibodies and their mechanics of action.
- IMMUNO SUPPRESSED - A state of the body where the immune system defenses do not work normally. This can be the result of illness or the administration of certain drugs (commonly ones used to fight cancer).
- INCUBATION - The time between exposure to disease-causing organisms, and the time the disease appears.
- INTERCOURSE - Sexual intercourse or coitus, is the sexual union between individuals of the opposite sex.
- INTERFERON - An antiviral chemical secreted by an infected cell which strengthens the defences of nearby cells not yet attacked.
- INTRAVENOUS - Inside the veins - Intravenous drugs are drugs that are "shot up" into the veins (I.V.).
- KAPOSI'S SARCOMA - A tumor of the walls of blood vessels. Usually appears as pink to purple, painless spots on the skin but may also occur internally in addition to or independent of the skin lesions. Death occurs from major organ involvement. Originally seen in elderly men or in equatorial Africa as a slow growing, benign lesion, it is now occurring in young men, 80% of whom are gay, and is rapid and frequently fatal in its course.

<u>LATENCY</u> -	A period when the virus is still in the body, but rests in an inactive state.
<u>LYMPH NODES</u> -	Small bean-sized organs of the immune system, distributed widely throughout the body. An outpost for B-lymphocytes.
<u>LYMPHOCYTES</u> -	Small white cells, normally present in the blood and lymphoid tissue, that bear the major responsibility for carrying out the functions of the immune system.
<u>MACROPHAGE</u> -	A scavenger cell found in the tissues, able to destroy invading bacteria or other foreign material.
<u>MUCOUS MEMBRANE</u> -	The soft, moist skin that lines the body cavities such as the mouth, vagina, urethra, eyelids, rectum and so on.
<u>NATURAL KILLER CELLS</u> -	Large granular lymphocytes that attack and destroy other cells such as tumor cells and those infected with viruses or other microbes.
<u>OPPORTUNISTIC INFECTIONS</u> -	Those diseases that are caused by agents that are frequently present in our bodies or environment but which cause disease only when there is an alteration from normal health conditions, such as when the immune system becomes depressed.
<u>PARASITE</u> -	A plant or animal that lives, grows, and feeds on or within another.
<u>PATHOGEN</u> -	Any disease-producing microorganism or substance.
<u>PENIS</u> -	Male organ for copulation (sexual intercourse) and urination.
<u>PNEUMOCYSTIS CARINII PNEUMONIA</u> -	A lung infection seen in immuno-suppressed people. It is caused by the protozoa pneumocystis carinii pneumonia present almost everywhere but which is normally destroyed by health immune systems. It is airborne. Once a person develops PCP they are susceptible to reoccurrence of the disease and the outcome is often fatal.
<u>PREVENTION</u> -	The act of keeping something from happening.
<u>PRODROME</u> -	A period of vague or minor symptoms before the characteristic signs or symptoms at the beginning of the disease.
<u>REMISSION</u> -	The lessening of the severity or duration of disease, or the abatement of symptoms altogether over a period of time.
<u>SAFE SEX</u> -	Those practices which help prevent the transmission of STDs.
<u>SEMEN</u> -	Fluid ejaculated at male orgasm.

<u>SENSITIVITY</u> -	The probability that the test will be positive when the infection is present.
<u>SEXUALLY - TRANSMITTED DISEASES</u>	A term used with increasing frequency to refer to any and all venereal or sexually transmitted diseases. The major sexually transmitted diseases are gonorrhea, syphilis, herpes, chlamydia, HIV and AIDS (STD).
<u>SPECIFICITY</u> -	The probability that the test will be negative when the infection is not present.
<u>SUPPRESSOR CELL</u> -	A type of T-lymphocyte which antagonizes helper cells and limits antibody production.
<u>SYNDROME</u> -	A set of symptoms which occur together.
<u>T CELLS</u> -	White blood cells that are processed in the thymus. They are responsible, in part, for carrying out the immune response. They are also called T-lymphocytes.
<u>TRANSFUSION</u> -	To transfer blood or blood products into a blood vessel.
<u>TRANSMISSION</u> -	The process of being passed on, as from person to person.
<u>VACCINE</u> -	A substance containing the protein of an infectious agent which stimulates active immunity and future protection against infection by that organism.
<u>VAGINA</u> -	Female birth canal and organ for sexual intercourse or coitus.
<u>VIRUS</u> -	Submicroscopic microbe causing infectious disease. Can reproduce only in living cells.
<u>WESTERN BLOT - ANTIBODY TEST</u>	The second or confirmatory test used in HIV antibody testing. The more specific of the two tests.

Attachment #2 STATE OF COLORADO

COLORADO DEPARTMENT OF HEALTH

4210 East 11th Avenue
Denver, Colorado 80220
Phone (303) 320-8333



AIDS: STATUS IN COLORADO

April 30, 1989

Roy Romer
Governor

Thomas M. Vernon, M.D.
Executive Director

Number of Confirmed Cases:

1003

Cases by Sex:

Male
Female

965
38

(96.2%)
(3.8%)

Current Mortality:

Alive
Dead

433
570

(43.2%)
(56.8%)

Race:

White 835 (83%)
Black 66 (7%)
Hispanic 98 (10%)
Other 4 (0%)

Age at Diagnosis:

0- 9 5 (.5%)
10-19 8 (0.8%)
20-29 211 (21.0%)
30-39 475 (47.4%)
40-49 199 (19.8%)
Over 49 105 (10.5%)

Transmission Categories:

Homosexual Male/Bisexual Male 762 (76.0%)
IV Drug User 48 (4.8%)
Homosexual/Bisexual Male and IV Drug User 106 (10.5%)
Transfusion Recipient 29 (2.9%)
Hemophiliac 26 (2.6%)
Heterosexual Contact to High Risk Individual 15 (1.5%)
Undetermined Risk/No Identified Risk Factor 16 (1.6%)
Parent at Risk/has AIDS 1 (.1%)

Geographic Distribution:

Denver Metropolitan Area 855 (85.2%)
Southeast Colorado 30 (3.0%)
South Central Colorado 53 (5.3%)
Northeastern Colorado 34 (3.4%)
Western Colorado 31 (3.1%)

Half Year of Diagnosis:

Number of Cases

Number Deceased (%)

Year	Period	Number of Cases	Rate (per 100)	Number Deceased	Percentage (%)
1982	January-June	1	(.2/mo)	1	100
	July-December	6	(1.0/mo)	6	100
1983	January-June	11	(1.8/mo)	11	100
	July-December	12	(2.0/mo)	12	100
1984	January-June	19	(3.2/mo)	19	100
	July-December	25	(4.2/mo)	24	96
1985	January-June	41	(6.8/mo)	40	98
	July-December	53	(8.8/mo)	47	89
1986	January-June	74	(12.3/mo)	70	95
	July-December	104	(17.3/mo)	83	80
1987	January-June	121	(20.2/mo)	91	75
	July-December	137	(22.8/mo)	71	52
1988	January-June	157	(26.2/mo)	52	33
	July-December	141	(23.5/mo)	37	26
1989	January-April	101	(25.3/mo)	6	6

STATE OF COLORADO

COLORADO DEPARTMENT OF HEALTH

4210 East 11th Avenue
Denver, Colorado 80220
Phone (303) 320-8333



REPORTED AIDS CASES BY COUNTY AND SEX COLORADO 1982 - April 30, 1989

Roy Romer
Governor

Thomas M. Vernon, M.D.
Executive Director

COUNTY	CASES REPORTED	DEATHS	CUMULATIVE CASE* RATE/100,000
ADAMS	58	30	21.1
ARAPAHOE	60	42	15.5
BOULDER	33	17	15.2
DENVER	639	354	124.4
FREMONT	8	3	26.1
EL PASO	50	33	13.2
JEFFERSON	59	34	13.9
LARIMER	15	8	8.5
PUEBLO	12	8	9.5
SUMMIT	8	6	56.3
WELD	12	8	8.6
ALL OTHER COUNTIES (25)	49	27	
COLORADO TOTAL	1003	570	30.4

COUNTIES REPORTING AIDS 37 (58.7%)
CASES REPORTED RANGE FROM 1 TO 639
CASE RATE/100,000 RANGE FROM 4.4 TO 124.4

*1986 POPULATION ESTIMATES

SEXCTY1

TEACHER BRIEFING

COMMON QUESTIONS AND ANSWERS ABOUT AIDS

Below are questions about AIDS asked by young adults. Even though all of the possible aspects of AIDS may not be represented, many of the important concerns of young adults are addressed. Answers are given to assist the teacher in responding to similar questions from students. The questions have been grouped into seven categories: (1) The AIDS Epidemic; (2) What AIDS Is; (3) AIDS Virus Infection; (4) AIDS Virus Transmission; (5) AIDS Virus Prevention; (6) AIDS Treatment; (7) AIDS Social Issues.

Some of the questions have been rephrased because they reflected a wrong scientific concept. For example, questions concerning the transmission of AIDS were rewritten to more accurately ask about the transmission of the AIDS virus.

Students may have some questions which they feel uncomfortable asking in front of their peers. The teacher can provide a question box in the room that would allow students to anonymously ask questions. If this technique is used, inform students that all questions asked in good taste will be answered.

The AIDS Epidemic

1. *How many people in the U.S. and the world have AIDS?*

It is estimated that one to two million persons in the U.S. are infected with the AIDS virus, with only a fraction actually having developed AIDS. Approximately five to ten million persons globally may be infected.

2. *How and when did AIDS start?*

It is not known for sure where AIDS started. Some experts believe that it originated in Africa in the 1970s. Others disagree with this view. AIDS was first diagnosed in the U.S. in 1981.

3. *Was AIDS caused by homosexuals?*

No. Homosexual and bisexual males comprise about 74 percent of the AIDS cases in the U.S. Their large percent is attributed to the fact that many of these persons had many sexual partners and practiced a sexual behavior—anal intercourse—that places one at greater risk for contracting the AIDS virus. Some of the infected homosexual and heterosexual males also abused IV drugs. Anyone, heterosexual, homosexual, or bisexual who engages in risky sexual or IV drug-abusing behaviors can acquire the AIDS virus. It is the risky behaviors, not one's sexual orientation, that places the person at risk.

4. *How many women have AIDS?*

Presently in the U.S. about 7 percent of the AIDS cases are women. About one-half of these acquired the virus from IV drug abuse. Others got the virus from heterosexual contact with an infected person, or via blood transfusions. It is predicted that the number of women with AIDS will increase. In many central African countries there are nearly equal numbers of females and males with AIDS.

5. *Does AIDS affect all races of people?*

Yes. Anyone, regardless of race, can acquire the AIDS virus if the individual participates in risky sexual and IV drug-abusing behaviors with an infected person. In the U.S., about 61 percent of the AIDS cases are among Whites, 25 percent among Blacks, and 14 percent among Hispanics.

6. *Can all ages get the AIDS virus?*

Yes. Persons of all ages can acquire the virus if exposed by risky behavior. Even children, who comprise about 1 percent of the AIDS cases, can get the virus. The majority of children acquired the virus from an infected mother during pregnancy or childbirth. A few children became infected from blood transfusions prior to the screening of blood.

7. Will AIDS take over the world?

The virus is difficult to transmit; it is not passed by casual contact such as being around an infected person. Persons who know how to protect themselves do not have to fear infection. Even though it does not appear that a cure or vaccine will be available in the near future, we have the knowledge to prevent AIDS.

What AIDS Is

1. What causes AIDS?

AIDS is the end result of an infection caused by a virus. The virus has been given different names: human T-lymphotropic virus type III, or HTLV-III, has been most commonly used in the U.S. Many scientists now prefer the term, human immunodeficiency virus, or HIV.

2. Are there different types of AIDS?

There are different stages of AIDS virus infection that occur before one could actually develop AIDS. This information may have confused people to believe that there are different types of AIDS. For example, a person can acquire the virus but not develop AIDS; only 10-30 percent are thought to progress to having AIDS. Further, many scientists label some infected persons who develop certain health problems as having a condition called AIDS-related complex (ARC).

3. Is AIDS like other diseases?

AIDS is not like communicable diseases, such as the cold, flu, or measles that can be passed through casual contact like sneezing, coughing, or sharing of eating utensils. No cases have been established where AIDS was passed by those means.

4. What is a high-risk group?

High-risk groups refer to the grouping of all AIDS cases into categories that represent how individuals probably got infected with the AIDS virus. At this time in the U.S., over 90 percent of the persons with AIDS are:

- Homosexual and Bisexual Men (about 74 percent of cases. Some also were IV drug abusers.)

- Heterosexual IV Drug Abusers (about 17 percent of cases.)

- Heterosexual Sex Partners of Persons with AIDS or at Risk for AIDS (about 4 percent of cases.)

- Recipients of Transfused Blood or Blood-Clotting Factor (about 3 percent of cases.)

In general, persons in these groups are more likely to be exposed to the AIDS virus.

5. Can you carry the virus and not develop AIDS?

Yes. Only about 10 to 30 percent of those infected with the AIDS virus develop AIDS. Many people having the AIDS virus do not know they are infected until the symptoms of an acquired, or "opportunistic disease," develops. However, persons with the virus can transmit it to others even if symptoms do not develop.

An AIDS Virus Infection

1. How long is the incubation period for AIDS?

The time between acquiring the virus and having symptoms, called incubation period, ranges from a few months to several years or more.

2. What are the common symptoms of AIDS?

Symptoms of persons infected with the AIDS virus include: tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen lymph glands. These symptoms may indicate an AIDS infection. Many other illnesses also have these symptoms. The continuation of these symptoms for more than two weeks in persons at risk may indicate an AIDS infection. Only a physician can diagnose the condition.

3. How does the AIDS virus break down the immune system?

Scientists now know that the virus kills certain cells of the immune system. These are the white blood cells. Some white blood cells are called T cells and B cells. White blood cells protect a person from disease. Some T cells, also called helper cells, help the B cells produce antibodies against invading disease-causing organisms. Other T cells, also called suppressor cells, work to stop or suppress the attack against the invading cells.

once the infection has been controlled. In the person having the AIDS virus, the suppressor T cells outnumber the helper T cells.

4. *How long can a person lead a normal life after developing AIDS?*

Many persons who develop AIDS respond differently. Some persons are very ill throughout the course of the condition. Most die within two years. Some remain in good physical condition, or have alternating periods of health and illness for several years. Eventually, nearly all persons who develop AIDS die.

5. *Why does a person die from AIDS and how long does it take?*

People with the AIDS virus, because their immune system has been weakened, acquire illnesses that are not usually caught by healthy people. The persons die from these diseases, not usually from the AIDS virus, per se. About 80 percent of people with AIDS have died within two to three years after developing AIDS.

6. *Does anyone ever survive AIDS?*

Researchers say that it is too early to provide a sure answer for this question.

7. *Can you tell if someone has the AIDS virus?*

One cannot determine if another individual has the AIDS virus from the person's appearance.

8. *Is there an AIDS test?*

There is a test available that determines if the person has antibodies to the AIDS virus. This means that the individual has been infected with the AIDS virus. However, the presence of the antibodies does not mean that the person has or will develop AIDS; some become very ill and others do not.

9. *Is the AIDS antibody test sometimes wrong?*

Yes. Even though the test is very accurate, it is not perfect. Sometimes the test results may be positive when there are no antibodies present (called false positive). Because of this, every positive test should be repeated before a person is informed of a positive test result. Most false positives are excluded by this process. Also, on rare occasions an infected person may test negative.

AIDS Virus Transmission

1. *How do people get the AIDS virus?*

The AIDS virus is present in certain body fluids, mainly semen and blood. The virus is transmitted during sex, by sharing IV drug needles and syringes and contaminated blood, and from an infected woman to her fetus or newborn child.

2. *How contagious is the AIDS virus?*

The AIDS virus is hard to transmit. It is not very contagious. In comparison to other communicable diseases, the AIDS virus is much less contagious than germs of the common cold, flu, measles, and tuberculosis.

3. *Can you get the AIDS virus from blood transfusions?*

In the U.S. it is nearly impossible to get the AIDS virus from blood transfusions. Experts estimate that the chances are about 1 in a million. Since 1985, donated blood is screened by a test that detects the AIDS antibody. Any blood having the antibodies is not used for transfusion.

4. *Can you get the AIDS from anal sex?*

Yes, if one's sex partner is infected with the AIDS virus. Anal intercourse is a very risky behavior for transmitting the AIDS virus. The behavior can result in tears in the rectal tissue that might allow the virus to enter the bloodstream if a condom is not being used.

5. *Can you get the AIDS virus from casual contact?*

No one should be afraid of getting the AIDS virus by casual, social, or family contact. People can, for example, work with others, attend school and public events, eat at restaurants, and be around members of high-risk groups without the fear of getting the AIDS virus. Persons caring for another family member who has AIDS are also not at increased risk for contracting the virus. Children attending school with another student having the AIDS virus are not at risk for becoming infected.

6. *Can you get the AIDS virus from kissing?*

No. The AIDS virus has rarely been found in human saliva and tears. Even then, only very small amounts of virus have been found. This may be the reason why there have been no re-

ported cases where the virus was passed through these fluids, such as by kissing.

7. *Is AIDS an inherited disease?*

No. The AIDS virus is not passed genetically from generation to generation. However, the virus can be transmitted to children from an infected mother during pregnancy or childbirth.

8. *Can a man transmit the AIDS virus to a woman?*

Yes. There have been some AIDS cases in women that have resulted from man-to-woman, sexual transmission. Any woman who participates in unprotected vaginal or anal intercourse with an infected male is at risk for acquiring the AIDS virus.

9. *Can a woman transmit the AIDS virus to a man?*

Male sexual partners of infected women have become infected with the AIDS virus. Clearly, the AIDS virus can be transmitted from woman to man, but scientists do not know if it can be passed quite as easily as from man to woman.

10. *Can the AIDS virus be passed by mosquitos?*

Research does not indicate that insects are capable of transmitting the virus or have ever done so.

11. *Can a lesbian get the AIDS virus?*

There have not been any cases of woman-to-woman transmission of the AIDS virus. However, a lesbian is at risk if she abuses IV drugs and shares needles and syringes.

12. *Can prostitutes spread the AIDS virus?*

Some prostitutes have shown evidence of AIDS virus infection. Prostitutes often abuse IV drugs and they have many sex partners. It is very risky to have sex with a prostitute. If one does have sex with a prostitute a condom should be used.

13. *How do children get the AIDS virus?*

Most children who have the AIDS virus acquired it from an infected mother during pregnancy or childbirth. A few become infected through blood transfusions.

14. *Are married people at risk?*

A married couple of which both persons practice sexual fidelity has virtually no risk of acquiring the AIDS virus. This is true unless one partner has the virus at the start of marriage, or abuses IV drugs and shares needles or syringes.

15. *Can someone with the AIDS virus have sex without passing it?*

Probably. But the percentage of times the virus would not be passed is not known. It also cannot be determined which exposure would result in infection and which exposure would not. Hence, every sexual contact with an infected person should be considered as possibly resulting in the virus being transmitted.

AIDS Virus Prevention

1. *If there is no cure for AIDS, what is being done to prevent its spread?*

Besides major efforts being presently directed toward developing treatments and a vaccine, educational programs are being given to high-risk groups and the general public. These programs attempt to motivate persons to practice no-risk sexual and drug-related behaviors. Even if we had a medical solution to AIDS, preventive education would still be considered the best way to control the virus.

2. *What can the individual do to keep from getting the AIDS virus?*

Persons can reduce their risk of contracting the AIDS virus by doing certain things related to sexual expression and drug abuse. The sexual precautions include (1) sexual abstinence, (2) sexual fidelity, (3) avoiding exchange of body fluids by using a condom, and (4) avoiding sexual partners at increased risk. These precautions can also help prevent the contraction of other STD. Concerning drug abuse, no one should share IV drug needles and syringes, although not using IV drugs at all is the best approach.

3. *Can a condom prevent the AIDS virus?*

Yes. The proper use of the condom for all sexual contact is considered the best way to avoid exchange of body fluids.

AIDS Treatment

1. *Can AIDS be cured?*

No. Currently there are not any drugs available that will completely destroy the AIDS virus or restore the immune system once it is damaged. An experimental drug, AZT or azidothymidine, that seems to control the growth of the AIDS virus, has prolonged the lives of AIDS patients in an experimental trial. While still experimental, AZT has recently been made available to many persons with AIDS.

2. *Will there be a cure for AIDS in the near future?*

Even though the search for effective treatments is being pursued vigorously worldwide, their discovery is not expected soon. There seems to be some progress in developing treatments for the "opportunistic diseases," but there are many obstacles to overcome in developing a drug that can kill all the AIDS virus in a person.

3. *What is being done for people who develop AIDS?*

Persons with AIDS need both medical and social support services to help them cope and live with their condition. These types of assistance are increasingly becoming available, although there is more that can be done. Also, family members need support. Legal efforts are being pursued to protect the rights of persons with AIDS.

4. *Is there a vaccine for AIDS?*

No. Scientists are working to develop a vaccine, but a solution appears to be several years away.

AIDS Social Issues

1. *How should people with AIDS be treated?*

Persons with AIDS should have equal access to medical and social services, employment, housing, and educational opportunities. They also need emotional understanding and support from friends and the community.

2. *Should a student with AIDS be allowed in school?*

Yes. A student with AIDS or having the AIDS virus poses no risk to other students. However, there may be times when the person with AIDS should not attend school because of his/her weakened condition.

3. *Should persons with AIDS be banned from public events, schools, and jobs?*

No. Since the AIDS virus cannot be passed by casual contact there is no reason why persons with AIDS should be kept from being a participating member of the community.

4. *Should teachers and school cafeteria workers be required to take a test for AIDS?*

No. Both teachers and cafeteria workers with AIDS pose no risk for students. Persons with an AIDS virus infection can work in restaurants without exposing others to the virus.

5. *Where can I get more information about AIDS?*

A school or community library may be able to provide information about AIDS, although the latest information is probably available from a physician, STD clinic, or the local and state health department. One could also call a local AIDS telephone hotline or the AIDS National Hotline (1-800-342-AIDS).



Graland
Country Day School
30 Birch Street
Denver, Colorado 80220

ALLEN C. ADRIANCE
HEADMASTER

TELEPHONE (303) 399-0390

SIXTH GRADERS' QUESTIONS
CONCERNING AIDS

February, 1988

1. How come more men get AIDS than women?
2. If mother has AIDS, will baby have AIDS?
3. Can you get AIDS from French kissing?
4. Where did AIDS come from?
5. Can you get AIDS from mosquitos?
6. If you have AIDS, do you die?
7. What is the difference between having the virus and having AIDS?
8. Why do people with AIDS have purple blotches on their face?
9. How fatal is AIDS compared to the "black death"?
10. How do lesbians get AIDS?
11. How does AZT work--how long does it keep you alive?
12. What happens to you when you get AIDS? What are the effects?
13. When you get AIDS how long does it take before you die?
14. How do you get AIDS?
15. If a man has AIDS and he has sexual intercourse, does the woman get AIDS?
16. How does AIDS affect people?
17. How do you know if you have AIDS?
18. Can you become immune to AIDS?
19. How can women get AIDS when sexually transmitted by another woman?
20. Can you get AIDS by giving a man with AIDS a blow job?
21. What does AIDS stand for?
22. Where does AIDS start in the body?

23. After you get an infected blood transfusion, how long is it before you find out you have AIDS?
24. What does AIDS do to your system?
25. Do homosexuals have better chances of getting AIDS than another person having sexual contact?
26. Are AIDS only transmitted through blood?
27. How many ways can you get AIDS?
28. What are the symptoms of the AIDS virus?
29. Can you get AIDS exchanging saliva?
30. If someone has AIDS, but maybe won't get the symptoms for fifteen years, can you catch it from them?
31. What other ways can you get it besides sexual intercourse and needles?
32. How did AIDS start?
33. Could a sixth grader get AIDS; if so, how?
34. What happens to someone who has AIDS; how does their body react?
35. What does AIDS stand for, and what does that mean?
36. Why do more homosexuals have AIDS than regular people?
37. How long will you live after you are diagnosed with AIDS?
38. Why do Africans have more problems with AIDS than we do?
39. If your mother has AIDS when she's pregnant with a child, will the child get AIDS also?
40. Can it be transferred through saliva? Can you get AIDS if you have sex with someone who has AIDS and you use a condom?
41. How do you get rid of it?
42. How many people in the world have AIDS?
43. Do condoms help prevent AIDS?
44. What is the life expectancy of an AIDS victim?
45. Is there a way to stop AIDS?
46. What is the most common way to get AIDS?
47. What are some of the way of transmitting AIDS?

"AIDS In The Classroom"

OBJECTIVES

The Children's Hospital and the Hall of Life offer a collaborative teacher training workshop entitled "AIDS in the Classroom". The purpose of this program is provide the latest factual information about AIDS, and to target specific teaching strategies for the classroom. The objectives for this program are to:

1. Demonstrate basic knowledge of the AIDS virus including the scope of the problem, high risk behaviors, and the incidence statewide and nationally.
2. Identify the modes of transmission for the AIDS virus.
3. Discuss mechanisms for prevention of AIDS transmission.
4. Describe current treatment for AIDS patients and future treatment possibilities/goals.
5. Complete a self-analysis task to examine personal feelings/views and confidence in teaching about AIDS.
6. Receive and role model teaching strategies for AIDS curriculum including fielding questions, further resources and classroom tools.

1. What is AIDS?

2. What do the letters in AIDS stand for?

A _____

I _____

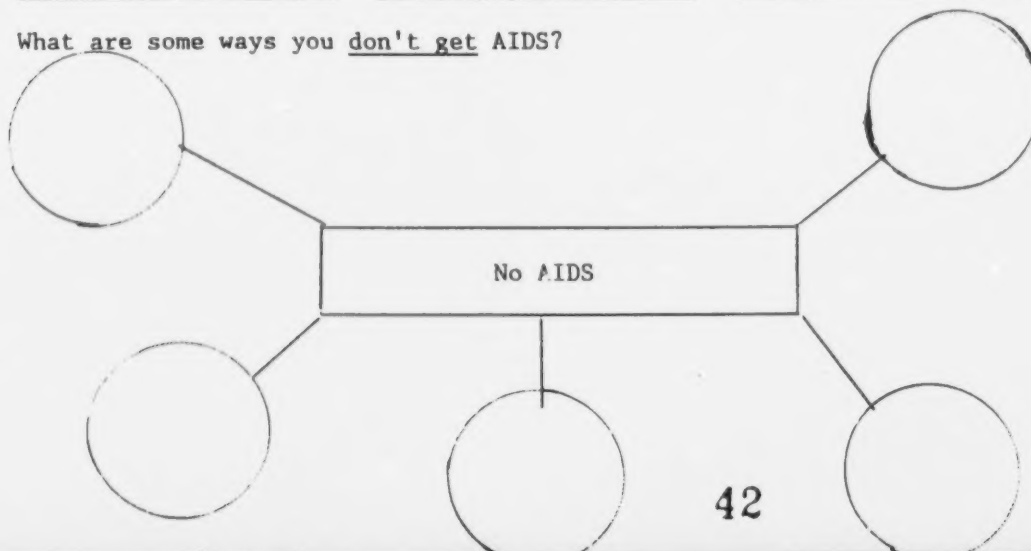
D _____

S _____

3. What are the levels of infection with AIDS?

4. How do people get AIDS?

5. What are some ways you don't get AIDS?



6. How can you avoid AIDS?

*

7. How would you react to someone who has AIDS?

8. Why do you think AIDS is so serious?

RED CROSS BROCHURES FOR AIDS EDUCATIONAL PROGRAMS

AIDS: The Facts. General Audience. Terminology for Aids virus is outdated and utilizes HTLV-III and Not HIV or AIDS virus, utilized on more recent brochures. May 1986

AIDS and Children/Information for Teachers and School Officials. Contains Public Health Service Guidelines for Local Authorities concerning School, Day Care and Foster Care in addition to general information about Aids and more information about pediatric AIDS and schools and AIDS. Oct. 1986

AIDS AND Children/Information for Parents of School-age Children. Similar to above but doesn't have guidelines. Oct. 1986

AIDS, Sex and You. General information and a little more information about sexual practices and contracting AIDS -- oral genital contact and open mouthed intimate kissing. Condoms and avoiding anal intercourse is also discussed in other materials. Oct. 1986

Facts about AIDS and Drug Abuse. Directed at drug abusers with terminology such as: shoot drugs, mainliners, skin poppers, works. Oct. 1986

If your Test for Antibody to the AIDS Virus is Positive. Information about AIDS antibody test and what test means. Protecting your own health and the health of others. Oct. 1986

Caring for the AIDS Patient at Home. Care and protection of the AIDS patient and safeguarding the health of the careprovider. Oct. 1986

Gay and Bisexual Men and Aids. Information appropriate to a high risk group and appropriate to the gay community. Colorado AIDS Project has excellent information specific to this group. Oct. 1986

AIDS and Your Job--Are There Risks? General information and information specific to food handlers, personal service workers, police personnel, firefighters, emergency medical workers, and prison employees. Oct. 1986

AIDS and the Safety of the Nation's Blood Supply. General information and information and discussion of safety of blood supply, how blood supply protected and AIDS virus antibody test. Jan. 1987

AIDS/SIDA AIDS: The Facts translated into Spanish. July 1986

RED CROSS FILMS AND VIDEOS FOR AIDS EDUCATIONAL PROGRAMS

Beyond Fear (Available in both English and Spanish)

The Virus

Using computer-generated graphics, The Virus illustrates how the AIDS virus kills immune system blood cells called T-cells. Modes of transmission and high risk groups are discussed. Problems encountered by researchers in combating the disease are explored. Effects of the virus on individual patients are shown. Screening tests for the virus are discussed.

The Individual

Explores the effects of the disease on individuals - a hemophiliac and his family, a prostitute, a heterosexual female, a gay male and babies and children.

The Community

Explores problems posed to communities by the AIDS disease and shows how some communities are attempting to meet the needs of both patients and the public. The problems explored include medical, social and psychological support for the AIDS patients and information needs of the public. Questions about schools, the workplace, economics and discrimination are discussed.

The three part Beyond Fear series is available on VHS video tapes (all 3 on one tape) and on 16mm film (each part on separate film.) Each section lasts approximately 20 minutes. Each sections contains the basic information about AIDS - how it is transmitted and high risk behaviors.

A Letter from Brian

This videotape is designed for Junior High and High School students and is 30 minutes long. It is part of the American Red Cross AIDS Prevention Program for Youth, a comprehensive family and school-based program involving students, teachers and parents. The goal of the program is to provide youth with the information and support they need to choose behaviors that reduce their risk of coming into contact with the AIDS virus.

In addition to the video, the AIDS Prevention Program for Youth consists of:

- A student workbook;
- A teacher's leader's guide and glossary of terms;
- A brochure for parents;
- A video Answers about AIDS - Surgeon General C. Everett Koop talking to teenagers about AIDS.

Acquired Immune Deficiency Syndrome

100 Questions
& Answers

AIDS



New York State
Mario M. Cuomo, Governor
Department of Health
David Axelrod, M.D., Commissioner

November 1, 1986

Table of Contents

WHAT IS AIDS AND WHAT IS THE CAUSE?	Page 1
AIDS RISK GROUPS	Page 1
AIDS TRANSMISSION	Page 2
How contagious is AIDS?	
What practices increase the risk of AIDS?	
Why are some groups at special risk?	
AIDS INCIDENCE	Page 6
How many cases have occurred in the U.S. and New York?	
Is AIDS prevalent in other countries?	
DIAGNOSIS & TREATMENT	Page 8
What are the symptoms of AIDS?	
What is the prognosis?	
AIDS IN CHILDREN	Page 10
How do children develop AIDS?	
What is the risk of school attendance?	
PREVENTING THE SPREAD OF AIDS	Page 12
What educational and safety programs have been put in place?	
What safety protocols have been developed for occupational groups?	
CARE FOR AIDS PATIENTS	Page 15
What services are available for persons with AIDS?	
Where are AIDS patients treated?	
HUMAN RIGHTS ISSUES	Page 17
HOW TO REDUCE THE RISK OF AIDS	Page 18
Safety practices for the general public and those in special risk groups	

Questions and Answers About AIDS

1. What is AIDS?

Acquired immune deficiency syndrome (AIDS) is a disease complex characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with AIDS are vulnerable to one or more unusual infections or cancers that usually pose no threat to a person whose immune system is working normally.

2. What causes AIDS?

Investigators have discovered a virus that is linked with AIDS. An international committee of scientists recently designated the virus as human immunodeficiency virus (HIV); it previously had been called human T-lymphotropic virus, type III (HTLV-III), lymphadenopathy associated virus (LAV), or AIDS-related virus (ARV). Infection with this virus does not always lead to AIDS, and researchers are investigating whether other co-factors may be necessary to trigger the disease. Most HIV infected persons remain in good health; others develop illness varying in severity from mild to extremely serious.

AIDS Risk Groups

3. Who is at risk for AIDS?

Approximately 95 percent of AIDS cases in New York State have occurred among the following groups of people:

54% - homosexual or bisexual men;

36% - male and female IV drug users;

1% - persons with hemophilia or others who received transfusions of infected blood or blood products (testing of blood supplies for HIV antibodies was initiated in mid-1985 to reduce this risk);

2% - female sexual contacts of men with AIDS or at risk for AIDS;

2% - children who acquired AIDS at birth from infected mothers.

Some 5% of AIDS cases cannot be assigned to these risk groups, but researchers believe that transmission occurred in similar ways. Some patients die before complete histories can be taken; others refuse to be interviewed.

4. Why have Haitians been removed from the AIDS risk groups?

Haitians were removed as a distinct risk group for AIDS when it became apparent that cases among Haitians were linked with the same risk behaviors as other cases -- sexual contact, sharing needles, and transfusion of contaminated blood.

AIDS Transmission

5. How contagious is AIDS?

Unlike most transmissible diseases -- colds, flu, measles, etc. -- AIDS is not transmitted through sneezing, coughing, eating or drinking from common utensils, or merely being around an infected person. After six years of experience it is evident that casual contact with AIDS patients does not place others at risk. No cases have been found where AIDS has been transmitted through casual (non-sexual) contact with a household member, relative, co-worker or friend.

6. How is AIDS transmitted?

AIDS is not an easily transmissible disease. All evidence indicates that AIDS is spread through direct blood-to-blood or semen-to-blood contact. There is no evidence that AIDS can be transmitted through air, water, food or casual body contact.

7. Why are homosexual and bisexual males at high risk for AIDS?

Cases of AIDS among homosexual and bisexual males are associated with sexual contact, specifically anal intercourse and other sexual practices which may result in semen-to-blood or blood-to-blood contact. Anyone who engages in such practices is at increased risk for AIDS, whether they are homosexual or heterosexual.

8. Why are IV drug abusers at increased risk for AIDS?

IV drug abusers often share needles and other equipment for drug injection which can result in small amounts of blood from an infected person being injected into the bloodstream of the next user.

9. Why are hemophiliacs at increased risk for AIDS?

Hemophiliacs receive frequent transfusions of blood plasma concentrates which must be prepared from several hundred to thousands of donations. Cases of AIDS among hemophiliacs have been linked with receipt of blood products from

HIV infected donors. Efforts are underway to produce synthetic clotting concentrates which would eliminate the risk of AIDS, hepatitis and other diseases that can be transmitted through blood products. In the meantime, heat treatment of blood components has effectively inactivated such viral agents.

10. Is AIDS passed by kissing?

HIV virus has been found in the saliva of some AIDS patients, but there is not a single case of AIDS that is known or suspected of being transmitted by kissing. If AIDS were transmitted by kissing many family members of persons with AIDS would be expected to have HIV infection. This has not occurred.

11. Why is anal intercourse linked with the transmission of AIDS?

The lining of the rectum is thin and easily torn. Anal intercourse can therefore result in direct semen-to-blood exchange.

12. Can AIDS be transmitted through oral/genital sex?

It has not yet been established whether oral/genital sex transmits the disease, but any activity which may result in semen-to-blood exchange presumably can transmit HIV infection.

13. Can AIDS be transmitted through vaginal intercourse?

A growing number of AIDS cases have been transmitted from infected males to females through vaginal intercourse. There are only a handful of AIDS cases transmitted sexually from women to men, although the HIV virus has been found in vaginal fluid. The very small number of such cases reported so far confirms that female-to-male transmission of the virus is difficult.

14. How do women get AIDS?

The majority of women with AIDS have a history of IV drug abuse, and presumably contracted the virus through sharing unclean needles. About 20 percent of women with AIDS have become infected through sexual contact with a man who has AIDS or is positive for HIV.

15. Does promiscuous sexual contact increase the risk of AIDS?

Promiscuous sexual contact increases the risk of coming into contact with someone who is infected with the HIV virus, as well as other sexually transmitted diseases, including syphilis, gonorrhea and herpes. All men and women are advised to know the sexual history and health status of sexual partners and to avoid anonymous, promiscuous sexual contact.

16. Can female prostitutes spread AIDS?

Prostitutes are likely carriers of HIV virus since they are often IV drug abusers. So far, there are very few cases of female-to-male transmission of the virus, but anyone who engages in sex with an anonymous partner is increasing the risk of contracting AIDS and sexually transmissible diseases.

17. Can use of a condom during sex reduce the risk of AIDS?

Use of a condom during sex can reduce the risk of AIDS since it minimizes direct contact with semen, a body fluid known to carry the HIV virus

in infected persons. Since condoms are not failsafe, people should not rely on them as their only defense against AIDS. All sexually active people are advised to refrain from sexual contact with persons whose history and health status are unknown.

18. Can use of spermicides reduce the risk of AIDS?

Laboratory studies show evidence that the active ingredient in spermicides (nonoxynol-9) inactivates the HIV virus as well as a variety of sexually transmitted diseases. Use of spermicides with condoms may further reduce the risk of disease.

19. Can a person with no symptoms transmit the AIDS virus through sexual contact?

Yes. Most HIV infected people have no symptoms and are not even aware they are infected. Any infected person may transmit the virus to another person through direct blood-to-blood or semen-to-blood contact.

20. How can people reduce their risk of getting AIDS through sexual contact?

All sexually-active people -- males and females, homosexuals and heterosexuals -- are advised to limit the number of sexual partners and to avoid sexual contact with anyone whose past history and health status is unknown. Avoiding anal intercourse or other sexual practices which can result in blood-to-blood or semen-to-blood contact, and the use of condoms with spermicides should help to decrease the risk.

21. What is the risk of getting AIDS from a blood transfusion?

The risk of contracting AIDS through a blood transfusion has been significantly reduced through screening of all blood donations since early 1985 for antibodies to HIV and removal of blood found antibody positive from the transfusion pool. The risk of contracting AIDS through a blood transfusion was only about 1 in 1,000,000 prior to initiation of blood screening; the risk is now significantly lower.

22. Is there a danger of contracting AIDS from donating blood?

No. Blood banks and other blood collection centers use sterile equipment and disposable needles. The need for blood is always acute, and people who are not at increased risk for AIDS are urged to continue to donate blood as they have in the past.

23. Can you get AIDS by drinking from the same glass or eating from the same dishes as a person with AIDS?

Six years of experience indicates that AIDS is not transmitted in households where people may drink or eat from common dishes or utensils. The virus associated with AIDS does not survive well outside of the body and would be killed by normal washing of dishes and other eating utensils.

24. Can you get AIDS from public toilets, drinking fountains, restaurants, telephones or public transportation?

AIDS is not transmitted through the air, food or water, or by touching any object handled, touched or breathed on by an AIDS patient.

25. Can you get AIDS by touching someone who has it?

After six years of experience there is no indication that AIDS is spread through any form of casual contact, including handshakes, bumping together in crowds, contact sports, or even casual kissing.

26. Can AIDS be spread by swimming pools?

There are no cases of AIDS suspected of having been transmitted through swimming pools. The virus associated with AIDS would be killed by the chlorine used to disinfect swimming pools.

27. Can you get AIDS from trying on clothes in a department store?

AIDS is not transmitted through the air or by touching any object used or touched by a person with AIDS.

28. Can you get AIDS from handling money?

Years of experience indicates that AIDS is not transmitted through objects touched or handled by an AIDS patient.

29. Can you get AIDS from using someone's razor or toothbrush?

Since direct infusion of infected blood into your bloodstream transmits the HIV virus, it would be prudent to avoid sharing instruments that may come into contact with blood through nicks or cuts. There are to date no cases of AIDS linked with sharing razors or toothbrushes.

30. Can you get AIDS from dental instruments?

There are no cases of AIDS that have been linked with dental instruments, and the normal sterilization process would kill the HIV virus. Dentists are being advised to take special precautions to guard against cuts which could result in direct blood-to-blood exchange with a patient and potentially increase the risk of AIDS, Hepatitis B and other blood transmissible diseases.

31. Can you get AIDS by being in the same house with an AIDS patient?

No. Experts point out that no household member of any AIDS patient other than a sexual partner or an infant born to an infected mother has developed the disease.

32. Can you get AIDS from a gay friend or co-worker?

No. AIDS is not transmitted through casual contact. After six years of experience no cases of AIDS have developed among casual friends or co-workers of AIDS patients. There is no evidence that being around someone with AIDS, even for an extended period of time, puts you at risk for AIDS.

33. What is the risk of living in a neighborhood that has a hospital or home for AIDS patients?

None, since AIDS is not transmitted through the air or through casual contact.

34. Can mosquitos transmit AIDS?

A virus similar to HIV has been found in Africa in some insects, including mosquitos. There is no evidence, however, that mosquitos, other insects or rodents play any role in the transmission of AIDS to humans.

35. Are people at increased risk for AIDS because they live in certain geographic areas (such as San Francisco or New York City)?

People are only at risk for AIDS if they engage in high risk activities -- sexual contact involving blood-to-blood or semen-to-blood exchange, or sharing needles.

36. Is AIDS spreading in prisons?

A number of prisoners have developed AIDS, but there is no apparent spread of the disease within the prison system. Nearly all prisoners with AIDS had engaged in risk behavior, usually IV drug abuse, prior to entering prison.

37. Are health care workers or other occupational groups at special risk for AIDS?

Safety protocols have been developed for health care workers and other occupational groups that may come into contact with body fluids of AIDS patients in their work. The federal Centers for Disease Control is following some 1,000 health care workers who have experienced blood-to-blood or blood-to-mucous membrane exposure to the body fluids of AIDS patients; many of these workers have had needlestick injuries while treating AIDS patients. There have been only three documented cases of health care workers (one in the U.S., one in England and one in France) who developed antibodies to the HIV virus after experiencing punctures with instruments containing the blood of AIDS patients. These cases demonstrate the need for health care workers to strictly follow safety guidelines when handling needles or other sharp instruments used in the care of AIDS patients.

AIDS Incidence

38. How many cases of AIDS have occurred so far?

In the U.S., there have been more than 26,500 cases of AIDS reported to the Centers for Disease Control over a six year period, with a steady increase each year since the identification of the disease in 1981. For an update of reported AIDS cases nationally, contact the Centers for Disease Control at (404) 329-3472.

39. What is the geographic distribution of reported AIDS cases?

Thirty-two percent of the cases in the U.S. are reported from New York State and about 23 percent from California. AIDS cases have been reported from 50 states, the District of Columbia, Puerto Rico and more than 35 other countries.

40. How many New York residents have developed AIDS?

More than 8,500 New Yorkers had been diagnosed with AIDS as of October 20, 1986. Nearly 90% of these cases have been reported from New York City. For up-to-date information on AIDS cases in New York, call the New York State Health Department at (518) 474-7354.

41. How many men have developed AIDS?

As of October 20, 1986, a total of 24,424 males have been diagnosed with AIDS in the U.S. Of that number, 31 percent are residents of New York State.

42. How many women have developed AIDS?

As of October 20, 1986, a total of 1,775 women in the U.S. have developed AIDS, 47 percent of whom are residents of New York State.

43. How many children have developed AIDS?

As of October 20, 1986, nearly 380 children have developed AIDS; about 40 percent of these children live in New York.

44. What is the ethnic breakdown of people with AIDS?

Nationally, 60% of persons diagnosed with AIDS are white, 24% are black, and 14% are Hispanic. In New York State, a higher proportion of AIDS cases linked with IV drug abuse have occurred among blacks (44%) and Hispanics (36%).

45. Is the incidence of AIDS increasing in New York State?

The number of AIDS cases is increasing each year in New York. In the first six months of 1983, an average of 82 cases per month was reported in New York State; during the same period in 1984, the monthly average was 142, and rose to 236 in 1985, and 269 per month in 1986.

46. How many AIDS patients have died?

Nationally, 14,755 adults and 222 children have died from AIDS as of October 20, 1986; about 5,100 New Yorkers have died from the disease.

47. Is the incidence of AIDS increasing among IV drug abusers?

New York State and nearby New Jersey have the highest number of AIDS cases among IV drug abusers in the nation. In 1985, approximately 37% of all New York State AIDS patients reported IV drug use; some of these persons also reported homosexual or bisexual activity. There has been a major increase in the proportion of IV drug related AIDS cases in the last few years, with a gradual decline in the percentage of new cases among homosexual males.

48. Is AIDS occurring only in our country?

AIDS is a world-wide phenomenon. In addition to the United States and Canada, AIDS has been reported in most European countries, African countries, the Caribbean, South America, Australia and several other places including the Middle East and Asia.

49. Do AIDS cases in other countries show the same risk factors as here?

In general, the same risk factors - blood-to-blood or semen-to-blood contact - are associated with AIDS everywhere. The specific groups of people affected by AIDS varies to some extent from country to country. For example, there are fewer drug abusers identified as AIDS victims in Europe, and more females have developed AIDS in Africa. Studies are underway to gain a better understanding of the similarities and differences of AIDS distribution in the U.S. and other countries.

Diagnosis and Treatment

50. Is there a test for AIDS?

There is no test to determine if a person has AIDS or will develop AIDS in the future. A test has been developed that can detect antibodies (substances produced in the blood to fight disease organisms) to the virus linked with AIDS. Presence of HIV antibodies in the bloodstream means that a person has been exposed to the virus and presumably is infected. A positive test does not mean the person will develop symptoms.

51. How many people have been infected with the HIV virus linked with AIDS?

Based on initial testing it is estimated that about 1 in every 3,500 persons may have been exposed to the HIV virus. Among high risk groups (sexually active homosexual and bisexual males and IV drug abusers) the rate of exposure to the virus may be as high as 1 in 3. This does not mean that all of these people are necessarily carriers of the virus or that they will eventually develop AIDS.

52. What are the symptoms of HIV infection?

Some people infected with the HIV virus have no symptoms at all, and may be unaware they carry the virus and can transmit it to others through sexual contact. Other people may develop mild, temporary symptoms which disappear after a few days or weeks following exposure. Some patients have persistent swollen lymph nodes without any other symptoms. Only about 5-20 percent of those infected by the virus develop the severe and fatal form of disease which is called AIDS. Symptoms of HIV infection may include:

- extreme tiredness, sometimes combined with headache, dizziness or lightheadedness;
- swollen glands in the neck, armpits or groin;
- continued fever or night sweats;
- weight loss of more than 10 pounds which is not due to dieting or increased physical activity;
- purple or discolored growths on the skin or the mucous membranes (inside the mouth, anus or nasal passages);
- heavy, continual dry cough that is not from smoking or that has lasted too long to be a cold or flu;
- continuing bouts of diarrhea;
- thrush, a thick whitish coating on the tongue or in the throat which may be accompanied by sore throat;
- unexplained bleeding from any body opening or from growths on the skin or mucous membranes; bruising more easily than usual;
- progressive shortness of breath;
- forgetfulness, confusion, disorientation and other signs of mental deterioration.

53. What is ARC?

AIDS-Related Complex (ARC) is a name some doctors and scientists use to describe symptoms associated with HIV infection which do not fit the CDC definition for AIDS. Some individuals with ARC may die of their infection without ever developing full-blown AIDS. Only about 20-30% of people with ARC have so far gone on to develop the fatal symptoms of AIDS.

54. What is the incubation period for AIDS?

The onset of symptoms following infection with the HIV virus appears to range from a few weeks to many years. Antibodies to the virus seem to be present, and detectable in the bloodstream, within a few weeks of exposure.

55. What are some of the diseases affecting AIDS patients?

About 85 percent of the AIDS patients studied have had one or both of two rare diseases: Pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs which has symptoms similar to other forms of pneumonia; and/or a rare type of cancer known as Kaposi's sarcoma (KS) which usually occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. About 30 percent of AIDS patients show symptoms of brain disease or severe damage to the spinal cord. AIDS patients also may develop unusually severe infections with yeast, cytomegalovirus, herpes virus, and parasites such as Toxoplasma or Cryptosporidia; milder infections with these organisms do not suggest immune deficiency.

56. How is AIDS treated?

A variety of drugs are being tried that show some promise of killing or inhibiting the activity of the HIV virus inside the body. No drugs are yet available that have been shown to cure AIDS, although the search for an effective treatment is being pursued vigorously. Most treatment is directed at the specific infections or cancers which attack HIV infected patients.

57. What percent of people have died from AIDS?

Approximately 50 percent of all persons diagnosed with AIDS have died. The death rate increases to nearly 70 percent two years after diagnosis.

58. Does anybody ever survive AIDS?

Some people with AIDS are still alive five years after diagnosis. Since there is no current treatment to reverse the damage to the immune system, we don't know how long AIDS patients can live.

59. Is there a vaccine to prevent AIDS?

There is currently no vaccine to protect a person from the HIV virus or AIDS. Researchers in the U.S. and other countries are working diligently to develop a vaccine. Scientists report that this may be difficult because the virus can alter its form in the human body.

60. What is the government doing to find a cure or treatment for AIDS?

New York State was the first state to appropriate tax dollars for AIDS research. So far, nearly \$12 million in State funds have been provided to

support AIDS research in New York State. The U.S. Department of Health and Human Services has provided nearly \$440 million to fund research projects to find preventative and/or treatment methods for AIDS and/or the opportunistic infections associated with the disease.

AIDS in Children

61. How many children have AIDS?

Approximately 350 U.S. children have been reported as having AIDS as of October 1986. Most of these children, born in New York City, have mothers involved in IV drug abuse.

62. How do children get AIDS?

The majority of infected children acquired AIDS from their infected mothers, presumably through blood exchange in the uterus or during birth. A few children developed AIDS from blood transfusions prior to screening of the blood supplies.

63. How can children be protected from AIDS?

All high-risk women of childbearing age should learn if they have been exposed to the HIV virus, and should consider postponing pregnancy if they are positive. Women are considered high-risk if they have ever engaged in IV drug abuse or if they have ever had sexual contact with a known IV drug abuser, bisexual man or hemophiliac.

64. What is the risk of an infected mother passing the HIV virus to her baby?

Limited studies indicate that as many as 50% of infected mothers pass the virus to their babies. An infected mother can transmit the virus even if she herself has no symptoms of AIDS or ARC.

65. Can children develop AIDS from mother's milk?

There is one case of AIDS in Australia which may have been transmitted to an infant through mother's milk. So far, there are no cases of AIDS in the U.S. specifically linked with breastfeeding, but any woman who is positive for HIV antibodies is advised to refrain from nursing as a precautionary measure.

66. If a child has AIDS, can he/she pass it on to another child?

None of the identified cases of AIDS in the United States is known or suspected to have been transmitted from one child to another in the home, school, day-care or foster-care setting. Even baby twins, one infected and one not, sharing nipples, toys, food, bed and playpen have not passed the virus between them.

67. What risk does mixing with other children pose to a child with AIDS?

A child whose immune system is damaged by AIDS is highly susceptible to infections from other children in a school or day-care setting. Assessment of risk from attending school to an immunosuppressed child is best made by the child's physician who is aware of the child's immune status.

68. What precautions or guidelines should be introduced in schools to prevent exposure to blood or other bodily fluids from a child with AIDS?

All schools and day-care centers, regardless of whether children with AIDS are attending, should adopt routine safety procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with a disinfectant, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to blood or body fluids.

69. Is there a danger having teachers, cooks or other school personnel infected with AIDS?

No. AIDS is not spread through air, food, water or any form of casual contact. There are no cases of AIDS reported anywhere that are known or suspected of being transmitted through food preparation, use of common toilets or drinking fountains or merely having long-term casual contact with a person with AIDS. Therefore, teachers, cooks or other school personnel with AIDS who feel well enough to work would not represent a risk to students or other school personnel.

70. Should there be HIV antibody testing for school children or school personnel?

Screening of school children or teachers for HIV antibodies will not provide useful information upon which to base a public health policy, since those who are positive do not pose a risk to others in a school setting.

71. If a child is bitten by another child with AIDS - what is the possibility of transmission?

While HIV virus has been identified in saliva, there are no cases of AIDS known or suspected of having been transmitted through a bite. Transmission of the virus appears to require direct blood-to-blood or semen-to-blood contact.

72. Suppose my child became a regular playmate of a child with AIDS?

Casual contact, even over a long period of time, is not regarded as dangerous. In household studies no child in the family of an AIDS victim has been known to contract the disease through day-to-day activities or contact.

73. What if my child is in a classroom with an AIDS patient who vomited or had diarrhea?

Your child would be at no risk. Care should be taken to minimize direct exposure to bodily secretions or excretions from any ill person. Persons cleaning up such secretions are advised to wear gloves and to use a solution

of household bleach and water (diluted 1 part bleach to 10 parts water) as a disinfectant. While these precautions are recommended, it should be noted that no cases of AIDS have ever been linked with exposure to urine, saliva, vomit or feces. The secretions linked with AIDS transmission are blood and semen which must enter the bloodstream of another person to transmit infection.

74. Since AIDS is transmitted through blood contact, could a child get it through a schoolyard fight or during a contact sport like football?

There is no evidence of AIDS transmission through a sports injury. The external contact with blood that might occur in a sports injury is very different from direct injection of blood into the bloodstream which occurs in a blood transfusion or in drug abuse needle sharing.

75. What is the State's recommendation on children with AIDS attending schools?

New York State has issued a recommendation to school districts that each case be evaluated on an individual basis. Decisions regarding the type of educational setting for children with AIDS or ARC should be based on the behavior, neurologic development and physical condition of the child. These evaluations should be made on an anonymous basis to protect the child against potential discrimination. The appropriate decision makers would include the child's parent or guardian, physician, public health personnel, and school officials.

Preventing the Spread of AIDS

76. What is being done to prevent the spread of AIDS?

- a. Education: Since there is still no cure or vaccine for AIDS, education is the most effective prevention. Educational campaigns are directed to the general public and those in risk groups for AIDS, encouraging them to discontinue any practices which have been linked with the possible spread of AIDS.
 - o All sexually active males and females are advised to refrain from anonymous sexual contact with persons whose past history and current status is unknown, and to avoid anal intercourse or other sexual practices which can result in blood-to-blood or semen-to-blood exchange. Use of condoms can reduce direct exposure to body fluids, and reduce the risk of HIV infection and other sexually transmitted diseases.
 - o Male homosexuals and bisexuals who have had sexual contact with a number of partners are being advised to assume they have been exposed to the HIV virus and to refrain from sexual contact involving the exchange of body fluids. Use of condoms is strongly

recommended to prevent contact with body fluids during any form of sexual contact.

- o Drug abusers are being urged not to share needles or other drug injection equipment and to enter drug treatment programs to become drug free. IV drug abusers also should assume they are infected and use condoms to prevent spreading the virus to others through sexual contact.
 - o High-risk women who are engaging in IV drug abuse or who are sexual partners of IV drug abusers are being advised that if they are infected and become pregnant they can pass the virus to their child. The federal Centers for Disease Control has recommended that all high risk women of child bearing age obtain voluntary, confidential HIV antibody testing to determine their health status prior to becoming pregnant.
 - b. Safety Protocols: Occupational groups that may come into contact with AIDS patients are being instructed in safety precautions to prevent direct contact with blood and body fluids. Safety guidelines have been developed for: health care workers, dentists, laboratory personnel, ambulance personnel, funeral directors, prison personnel and others.
 - c. Screening of blood: All blood collected in the U.S. is now being tested for antibodies to HIV. Blood which tests positive is eliminated from the transfusion pool. Persons in high risk groups are being advised to refrain from donating blood. Sperm banks and organ banks have been advised by the Centers for Disease Control to test potential donors for HIV antibody and to not accept sperm or organ donations from individuals who are antibody positive.
 - d. Anonymous, free HIV antibody testing is provided by New York State for persons who wish to determine if they have been exposed to the virus linked with AIDS. Such testing is not recommended for members of the general public, but may be advisable for individuals in high risk groups so that they may learn their HIV antibody status and be counselled in behavior modifications to reduce further exposure to the virus and potential transmission to others.
77. How successful have educational efforts been in encouraging high risk persons to alter behaviors which can spread AIDS?

There has been a change in sexual practices among many male homosexuals, which is verified through a significant reduction in the incidence of rectal gonorrhea. Surveys of 500 homosexual and bisexual men conducted in San Francisco show that 81% of those polled were now in monogamous relationships or were remaining celibate. Moreover, only 36% of those surveyed reported that they had had recent sexual contact with more than one partner.

We have had less success in encouraging IV drug abusers to stop sharing needles, although surveys indicate that a significant proportion of drug abusers are aware of the risk of AIDS. Efforts are continuing to develop educational materials and outreach programs targeted toward this group.

78. What safety protocols have been developed for occupational groups?

All occupational groups that may come into direct contact with blood or semen in the course of their work are advised to take special precautions to guard against AIDS, Hepatitis B and other infectious agents. These include:

- wash hands following any contact with patient secretions;
- take special care in handling and disposing of used needles;
- guard against needle sticks, cuts and other injuries;
- notify supervisors of any direct exposure to blood, semen or other body fluids;
- wear protective clothing (gloves, gowns, and/or goggles) if direct exposure to blood or body fluids is likely.

79. How is the risk of spreading AIDS through blood transfusions being minimized?

All blood donated in the U.S. has been tested for antibodies to the HIV virus since May 15, 1985. Blood that tests positive is removed from the transfusion pool. The process involves use of an ELISA (enzyme-linked immunosorbent assay) screening test, with confirmation of positive results through a more specific antibody test known as the Western Blot.

80. How effective is the new blood screening test?

All studies indicate that the HIV antibody test is highly effective in eliminating blood from the donor pool that may be infected with HIV. In fact, the test errs on the side of "false-positive" readings, since only about 10 percent of blood that tests positive on the initial ELISA test is confirmed positive through a more specific Western Blot test. All blood that tests positive by the initial screening test is removed from the transfusion pool.

81. Are sperm banks and organ banks screening for AIDS?

The Centers for Disease Control has recommended that sperm and organ banks screen all donations for antibodies to HIV virus.

82. Is New York State offering HIV antibody testing?

Yes. A number of regional HIV antibody test sites have been established by the State Health Department to provide testing and counseling for persons who wish to know if they have been exposed to the virus. Testing is free of charge at these sites, and anonymity is maintained through use of a code system. Persons seeking the HIV antibody test need not give a name, address or any other potentially identifying information. Private physicians also can arrange for their patients to obtain testing. For information on HIV testing in New York City call (718) 485-8111; outside of New York City call (518) 473-0641.

83. Why doesn't New York State mandate testing of all persons for antibodies to HIV?

The State does not support mandated HIV antibody testing of any groups or individuals since the information is not useful in developing public health policies, but could be used to discriminate against individuals or groups. The presence of antibodies in the blood means only that the person has been exposed to the virus at some time. It does not necessarily mean that the individual is carrying the virus, is capable of transmitting it to others, or will develop symptoms of AIDS.

84. Why doesn't New York State isolate or quarantine persons with AIDS to prevent the spread of the disease?

Persons with AIDS or those with positive antibodies to HIV virus do not pose a risk to the public through casual contact. New York State takes the strong position that the civil rights of any individual or group should not be abridged by society without sufficient scientific evidence that it is necessary. All information accumulated during the past six years indicates that AIDS is spread only through direct blood-to-blood or semen-to-blood exchange, and not through the air, food or casual contact with persons with AIDS or articles they have handled or used.

85. Why doesn't New York State legalize the sale of hypodermic needles or dispense clean needles to drug addicts to prevent spread through that route?

The State is currently studying this issue to assess whether legalizing the sale of needles or dispensing clean needles will in fact reduce the risk of AIDS without increasing drug abuse. A current survey by the State Division of Substance Abuse Services indicates that 93% of IV drug abusers are aware of the dangers from IV use and are initiating efforts to obtain clean needles within the illegal trade. The most difficult problem continues to be the multiple use or sharing of needles in congregate settings.

86. What is New York State doing to get accurate information to the public about AIDS?

The State Health Department's AIDS Institute maintains a toll free hotline (1-800-462-1884), which provides up-to-date information about AIDS. The State also funds AIDS hotlines and educational activities conducted by eight regional AIDS task forces.

Pamphlets and brochures directed to the general public and to various risk groups have been developed and are being distributed through regional task forces, county health departments and various State agencies.

Educational forums are provided for occupational and community groups who have concerns related to AIDS.

Care for AIDS Patients

87. What services are available to persons with AIDS or at risk for the disease?

The New York State Health Department's AIDS Institute has provided nearly \$15 million to provide direct services related to AIDS and to fund regional task forces and other community service organizations that provide educational and outreach services associated with AIDS. Services include:

- informational hotlines;
- educational materials and forums;
- free HIV testing and counseling;
- counseling for AIDS patients, families and those at risk for AIDS;
- assistance in locating medical, dental and other health services;

- transportation to medical care;
- assistance with insurance coverage, housing, civil rights issues.

88. Where can persons concerned about AIDS get HIV antibody testing?

Anonymous antibody testing is provided through the Department of Health's regional offices and some county health clinics for persons who wish to know if they have been exposed to the virus. The test is free and no names or addresses are exchanged. Persons receive counseling as to what the test results mean and preventive actions they may take to minimize further exposure to the virus or potential transmission to others. For information on the test call the nearest HIV hotline listed on the back cover of this booklet.

89. Where can AIDS patients get diagnosis and care?

Persons who are concerned about AIDS may contact the State-supported regional AIDS hotlines (see telephone numbers on back cover) for the names of doctors who are familiar with the diagnosis and management of AIDS. Referrals are also provided for AIDS patients seeking dental care, psychiatric counseling, transportation to medical facilities, and social services.

90. Where are AIDS patients treated?

AIDS patients are treated in hospitals, physician's offices, clinics or other health care settings, just like any other patients. AIDS patients do not pose a risk to other patients or to health care workers who follow recommended safety precautions.

91. What is New York State doing to ensure that AIDS patients receive non-discriminatory, humane care?

The State Health Department has developed safety protocols for health care workers, and also assists hospitals and other medical facilities in developing in-service training programs for staff. The Health Department promptly investigates any complaints related to patient care at health care facilities, and will take enforcement action against any institution that discriminates against AIDS patients or does not provide appropriate, humane care.

92. Why doesn't New York State designate special hospitals and nursing homes to care for AIDS patients to ensure they receive appropriate care?

The State has taken a major new initiative to ensure that AIDS patients receive the necessary medical, social and psychological support services. The State Health Department has designated a number of AIDS Care Centers which are responsible for managing the total care package for a person with AIDS. Services include: inpatient and outpatient care, nursing home care, home health care, dentistry, psychological and social counseling, and, if need be, housing.

93. Who pays for treatment of AIDS patients?

Care for AIDS patients is paid for by the same means as all medical care; the government (Medicaid and Medicare), insurance companies and individuals. Most insurance policies cover AIDS medical treatment, although most have maximum allowances. The cost of care for an AIDS patient can range from \$50,000 to \$100,000.

Human Rights Issues

94. What rights do AIDS patients have?

They have the same rights as those accorded to any other ill member of our society. Unfortunately, discriminatory action has been taken against some AIDS patients by employers, landlords, neighbors, co-workers and others who are apparently acting out of unwarranted fears based on misinformation.

95. Is it right to keep an AIDS patient's identity a secret?

Since AIDS does not pose a risk to the general public there is no need for neighbors, shopkeepers, co-workers or others who may have casual contact with a person with AIDS to know. Discriminatory action has been taken against persons with AIDS by those who are misinformed about the disease.

96. Can you be fired because you have AIDS?

Some employers are reportedly discriminating against AIDS patients in spite of continued advice from public health officials that there is no reason to exclude AIDS patients from employment as long as they feel well enough to work. Persons who believe they are being discriminated against by employers may file complaints with the State Division for Human Rights at (212) 870-8400.

97. Should insurance companies be allowed to require HIV antibody screening, and then deny coverage based on results?

No. Since the medical significance of antibodies to HIV virus in the blood of a healthy person is not known, we do not recommend mandatory screening of any individuals or groups. There is a potential that discriminatory action may be taken based on positive test results. There is no direct evidence that an individual with antibodies to the virus will necessarily develop AIDS.

98. Should people who have AIDS be banned from working in banks, restaurants, barber shops and other people-contact jobs?

There have been no cases of AIDS that are suspected of having been transmitted through casual contact or through the air, food or water. If a person with AIDS is well enough to work, he/she should be allowed to do so.

99. Can a hospital worker or ambulance personnel refuse to care for an AIDS patient?

Health care workers who refuse to care for AIDS patients may be subject to firing and possible disciplinary action by the State. Hospitals and ambulance services have a responsibility to care for the sick, and to assemble a staff capable of carrying out that mission. There is a need for greater educational efforts to ensure that all health care workers understand the potential routes for transmission of AIDS and follow recommended safety precautions.

100. Can funeral directors refuse to embalm victims of AIDS?

The Public Health Law does not require a funeral director to accept the body of any deceased person. Embalming also is not required by law. The State Health Department believes that funeral directors, as licensed professionals, should take AIDS cases. The department has provided AIDS safety guidelines to funeral directors and embalmers, and most funeral establishments accept the remains of AIDS victims. Names of firms accepting AIDS victims are available through regional AIDS task forces listed on the back cover of this publication.

How to Reduce the Risk of AIDS

Six years of experience with AIDS indicate that the disease is not transmitted from one person to another through any form of casual, non-intimate contact. There is very strong evidence that AIDS is transmitted through direct blood-to-blood or semen-to-blood exchange. Direct contact with other body fluids of an infected person also may increase the risk of AIDS, although no cases so far have been directly linked with other body secretions or excretions.

Based on this information, there are precautions that can be taken by the general public and by persons in special risk groups to eliminate or reduce the risk of contracting or spreading AIDS:

- o DON'T HAVE SEXUAL CONTACT WITH ANY PERSON WHOSE PAST HISTORY AND CURRENT HEALTH STATUS IS NOT KNOWN.
- o DON'T HAVE SEXUAL CONTACT WITH MULTIPLE PARTNERS OR WITH PERSONS WHO HAVE HAD MULTIPLE PARTNERS.
- o DON'T HAVE SEXUAL CONTACT WITH PERSONS KNOWN OR SUSPECTED OF HAVING AIDS.
- o DON'T ABUSE INTRAVENOUS (IV) DRUGS.
- o DON'T SHARE NEEDLES OR SYRINGES.
- o DON'T HAVE SEXUAL CONTACT WITH PERSONS WHO ABUSE IV DRUGS.
- o USE OF A CONDOM DURING SEXUAL INTERCOURSE MAY DECREASE THE RISK OF AIDS.
- o DON'T SHARE TOOTHBRUSHES, RAZORS OR OTHER PERSONAL IMPLEMENTS THAT COULD BECOME CONTAMINATED WITH BLOOD.
- o HEALTH WORKERS, LABORATORY PERSONNEL, FUNERAL DIRECTORS AND OTHERS WHOSE WORK MAY INVOLVE CONTACT WITH BODY FLUIDS SHOULD STRICTLY FOLLOW RECOMMENDED SAFETY PROCEDURES TO MINIMIZE EXPOSURE TO AIDS, HEPATITIS B AND OTHER DISEASES.

- o PERSONS WHO ARE AT INCREASED RISK FOR AIDS OR WHO HAVE POSITIVE HIV ANTIBODY TEST RESULTS SHOULD NOT DONATE BLOOD, PLASMA, BODY ORGANS, SPERM OR OTHER TISSUE.
- o PERSONS WITH POSITIVE HIV ANTIBODY TEST RESULTS SHOULD HAVE REGULAR MEDICAL CHECKUPS, AND TAKE SPECIAL PRECAUTIONS AGAINST EXCHANGING BODY FLUIDS DURING SEXUAL ACTIVITY.
- o WOMEN WHO HAVE POSITIVE HIV ANTIBODY TEST RESULTS SHOULD RECOGNIZE THAT IF THEY BECOME PREGNANT THEIR CHILDREN ARE AT INCREASED RISK FOR AIDS.

CRITERIA
FOR
EVALUATING
AN
AIDS CURRICULUM

CRITERIA FOR EVALUATING AN AIDS CURRICULUM

Adolescents and young adults are now a primary risk group for contracting AIDS. At least 50% of all teenagers are sexually active, most will have more than one sexual partner, and some will be experimenting with drugs. Regardless of whether adults approve of their behavior, their lives may be at risk. The National Coalition of Advocates for Students concurs with the Surgeon General and with the Centers for Disease Control that public schools should assume a key role in giving young people the information they need to avoid contracting this deadly disease.

Some school systems have begun to respond to this mandate with AIDS education curricula. These curricula take a variety of different approaches and are of uneven quality. The National Coalition of Advocates for Students feels that teaching about AIDS should take place within the context of a more comprehensive health education or family life/sex education course which presents the positive aspects of sexuality as well as its dangers. An AIDS curriculum must be appropriate to the chronological and developmental age of the student as suggested in Attachment A, and should be taught in small classroom-size groups.

Below is a checklist for parents, child advocates, school board members, teachers and others to use in evaluating existing AIDS curricula and in advocating for the establishment of high quality ones. An effective AIDS curriculum should elicit "yes" answers to the following questions:

CURRICULUM CONTENT

- ___ For students in grades 6 and up, does the curriculum give the simple, clear and direct information outlined in Attachment B? Is that information given in terms, including slang, that students understand?
- ___ Does the curriculum focus on teaching healthy behaviors and not just on the bio-medical aspects of the disease?
- ___ By emphasizing high-risk behaviors rather than high-risk groups, does the curriculum strongly convey the message that anyone can get AIDS regardless of race, sex, age or sexual orientation?
- ___ Are several class periods provided to give each student multiple opportunities to learn to make decisions based on the information they have learned about AIDS?

DEVELOPMENT AND IMPLEMENTATION

- ___ Does the program provide for adequate training to teach the curriculum, as outlined in Attachment C?
- ___ Is the same information made available to limited English proficient students in their own language? Is the information provided appropriately to hearing- and visually-impaired students and students with severely handicapping conditions?
- ___ Is the curriculum updated regularly to incorporate new information as it becomes available?
- ___ Has the curriculum been developed with the participation and support of parents, students and other community groups? Does it facilitate an on-going dialogue with parents on these issues?

ATTACHMENT A

MATCHING APPROACHES TO AIDS EDUCATION WITH CHILDHOOD DEVELOPMENT

DEVELOPMENTAL CHARACTERISTICS OF STUDENTS

Grades K through 3

STUDENTS ARE LIKELY TO BE:

- * Egocentric
- * Developing some independence from parents and gradually orienting toward peers
- * Able to relate to their own bodies/to be curious about body parts
- * Highly competitive and capable of unkindness to each other
- * Able to understand information if it relates to their own experiences

Grades 4 and 5

STUDENTS ARE LIKELY TO BE:

- * Aware of sexual feelings and desires either in themselves or in others and confused about them
- * Increasingly sensitive to peer pressure
- * Capable of concern for others
- * Exploring sex roles
- * In different stages of pre-puberty and early puberty and therefore very interested in learning about sex and relationships
- * Quite comfortable discussing human sexuality
- * Confused between fact and fancy (between hypothesis and reality)
- * Able to internalize rules and to know what is right or wrong according to those rules

APPROPRIATE APPROACHES TO AIDS EDUCATION

Grades K through 3

Primary goal is to allay children's fears of AIDS and to establish a foundation for more detailed discussion of sexuality and health at 6th grade level.

- * Information about AIDS should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles and different types of families.
- * AIDS should be defined simply as a very serious disease that some adults get. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have AIDS or with those few children who do have the disease.
- * Questions should be answered directly and simply; responses should be limited to questions asked.
- * Teaching assertiveness about refusing unwanted touch

Grades 4 and 5

It is appropriate to use the same approach as for grades K-3 with an increased emphasis on:

- * Acknowledging that bodies have natural sexual feelings
- * Helping children examine and affirm their own values

Teachers of 4th and 5th graders should:

- * Begin providing basic information about human sexuality
- * Be prepared to answer questions about AIDS and AIDS prevention

DEVELOPMENTAL CHARACTERISTICS OF STUDENTS

Grades 6 through 9

STUDENTS ARE LIKELY TO BE:

- * Engaged in a search for identity (including sexual identity); asking "Who am I?" and "Am I normal?"; very centered on self
- * Concerned about and experimenting with relationships between boys and girls
- * Confused about the homosexual feelings many of them will have experienced
- * Worried about the changes in their bodies
- * Able to understand that behavior has consequences
- * Very embarrassed to talk about sex as well as to ask questions about sex which might make them appear uninformed

Grades 10 through 12

STUDENTS ARE LIKELY TO BE:

- * In possession of a stronger sense of personal identity (There remain, however, important exceptions including those who are confused about their sexual identities.)
- * Thinking that they "know it all"
- * Seeking greater independence from parents
- * Influenced by peer attitudes
- * Open to information provided by trusted adults
- * Beginning to think about establishing more permanent relationships
- * Experiencing an illusion of immortality
- * Sexually active

PROPOSITIVE APPROACHES TO AIDS EDUCATION

Grades 6-12

The primary goal should be to teach students to protect themselves and others from infection with the AIDS virus.

- * Students should be given all of the information on Attachment B, "What Adolescents Should Know About AIDS".
- * AIDS issues should be made as real as possible without overly frightening students.
- * The focus should be on healthy behaviors rather than on the biomedical aspects of the disease.
- * Students should be helped to examine and affirm their own values and to develop responsible decision-making about sex. There should be support for a choice of abstinence, without assuming that all students will do so.
- * It is important to be honest and to provide information in a straightforward manner.
- * Sexual vocabulary should be connected with slang.
- * Information about AIDS should be presented in the context of other sexually transmitted diseases (STDs).
- * It is important to be non-threatening and to work to alleviate anxiety.
- * Discussion of dating practices can provide opportunities to teach decision-making skills.
- * Teachers should be prepared to answer detailed medical questions from students who want more than the minimal information offered on Attachment B.

REFERENCES

- Erikson, Erik, Childhood and Society. (NY: Norton, 1950)
- Flake-Hobson, Robinson & Stoen, Child Development & Relationships. (Reading, MA: Addison-Wesley, 1983)
- Hendrick, Jerome, Total Learning: Curriculum for the Young Child, 2nd ed., (Columbus, OH: Merrill, 1986)
- Journal of the National Association for the Education of Young Children (September 1986)

ATTACHMENT B

WHAT ADOLESCENTS SHOULD KNOW ABOUT AIDS

The information adolescents need is simple and straightforward. Home and school instruction should emphasize prevention through teaching safe behaviors. While adolescents need only minimal knowledge of the medical aspects of the disease, some may seek a more in-depth understanding of the virus and its manifestations. Teachers and parents should be prepared to answer their questions.

This is what should be appropriately communicated to all adolescents:

Definition of AIDS

A disease triggered by a virus which weakens the immune system so that the infected person catches certain diseases that healthy people can fight off, but that in a person with AIDS are fatal.

Transmission of the AIDS virus

AIDS is transmitted in three main ways:

1. Through infected blood (by sharing IV drug needles or used syringes)
2. Through infected semen and vaginal secretions (by vaginal or anal sexual intercourse or by oral sex)
3. In utero and through breast milk (from an infected mother to her child)

Anyone who engages in risky behaviors can become infected--regardless of gender, sexual orientation, age or race.

AIDS is not transmitted by casual contact such as hugging, sneezing, or sharing bathrooms. It is a difficult disease to get.

There is no danger of getting AIDS by donating blood. In the past some people became infected with the AIDS virus through receiving blood transfusions. Now, however, all blood donations are screened and tested so that the blood supply is quite safe.

Three Manifestations of Infection

1. Some people who are infected with the virus have no symptoms of disease. Since they look and feel healthy, these people may not know they are infected. They can, however, transmit the AIDS virus to others through the three routes of transmission noted above. Many of these carriers will eventually become symptomatic. Most of them will not become sick for three to seven years or more after the onset of infection.

2. Persons who are infected with the AIDS virus may develop a set of specific symptoms related to AIDS, but not have one of the diseases used to diagnose an official case of AIDS. They are said to have ARC (AIDS Related Complex). They may be only mildly ill or very sick.
3. Individuals infected with the virus may develop the most serious form of AIDS from which there is now no recovery.

Testing

It is now possible to test blood to determine if a person is a carrier of the AIDS virus. At this time, the Centers for Disease Control and the U.S. Surgeon General do not recommend testing of the general population. However, women who are considering pregnancy and who practice risky behaviors are advised to be tested.

Adolescents Can Prevent AIDS By:

- * Abstaining from sex
- * Always using condoms (even in combination with other birth control) from beginning to end of all types of intercourse
- * Not using IV drugs. Those who do should not share needles or syringes. Tattoo needles should also never be shared.

Local Telephone Number

Students should be given a local telephone number to call for additional information. Sources of AIDS information in other languages should also be provided.

National AIDS Hotline

1-800-342-AIDS 24 Hours

AIDS Information in Spanish, call 1-301-340-AIDS

Hours: 3:00 to 9:00 p.m. EST (or EDT)

ATTACHMENT C

STAFF TRAINING

Staff training is a must.

Train both teachers and administrators. Do as much training as possible. When feasible, offer the training as a graduate level course. A one afternoon in-service training is NOT enough.

Training should:

- * Help staff examine their own attitudes about sexuality and AIDS.
- * Provide accurate information about AIDS.
- * Provide skills to implement an AIDS curriculum.

misc#2:aidscrit.four